Immunization Exemption Form for School Entry

Name of child: _____ _____
Surname Given names

Date of birth: _____/____/_____ _____/_____/_____ _____
yyyy mm dd Medicare Daytime telephone number

Address: _____ Postal code: _____

Name of parent / legal guardian: _____

_____ _____
School district number Name of school

Complete Section 1 OR Section 2

1. MEDICAL EXEMPTION:
For medical reasons, the above-mentioned child is unable to meet the immunization requirements as per the regulations under the *Public Health Act* (2009). These immunizations have the potential to be harmful to this child's health, and I recommend that they not be given.

Vaccines designed to protect against the following disease(s) are not recommended for this child:
_____
_____

Name of medical / nurse practitioner_____

Signature_____ Date_____/_____/_____
yyyy mm dd

Clinic name and location: _____

2. PARENTAL OBJECTION:
I object to the administration of vaccine to my child named above and therefore request exemption from the immunization requirements as per the regulations under the *Public Health Act* (2009). I understand that my child may be excluded from school or day care in the event of an outbreak of one of these vaccine preventable diseases.

Please indicate if objection is to all or to a specific vaccine(s). If objection is to a specific vaccine(s), identify vaccine(s)_____
_____

Parent / legal guardian signature_____Date _____/_____/_____
yyyy mm dd

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