## 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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