Immunization Exemption Form for Day Care

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