



Vaccine Exemption Information Form

Exemption forms are legal documents. These documents cannot be changed. If you make changes to the exemption forms, the exemptions cannot be accepted.

1. Fill in your child's information in SECTION A.
2. If you cannot provide a copy of your child's immunization record, indicate your reason and put your initial beside the reason in SECTION B.
3. Check off the disease(s) you do not want to immunize your child against in SECTION C.
4. There may be a cost to have this document notarized.
 - a. Jeff Yurek, MPP at 750 Talbot Street, Suite 201, St. Thomas - no charge
 - b. Mennonite Community Services at 16 Talbot Street, Aylmer - \$2.00 fee
5. Return the completed Vaccine Exemption Form with the completed Statement of Conscious or Religious Belief Affidavit to Elgin St. Thomas Public Health at 1230 Talbot Street, St. Thomas N5P 1G9

SECTION A: Child's Information

Child's Last Name	Child's First Name
Child's Date of Birth	Child's Gender
Street Address	City
Postal Code	Phone Number
Family Doctor	Child Care Centre

SECTION B: (only fill out if your child has been immunized and you cannot provide a record)

I am unable to provide a copy of my child's immunization record for the following reason:

Initial if checked

- _____ My doctor has retired, moved or is deceased, and I am unable to obtain a record of my child's previous immunizations.
- _____ I cannot afford to obtain my records from my physician.
- _____ I have moved to Ontario, Canada and I am unable to obtain a record of my child's previous immunizations from the country/province that I have moved from.

SECTION C: I wish to exempt my child from (please check the appropriate boxes)

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Pertussis (Whooping Cough)	<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Haemophilus Influenzae Type B (Hib)	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Meningococcal
<input type="checkbox"/> Measles, Mumps, and Rubella	<input type="checkbox"/> Varicella (Chicken Pox)

COLLECTION AND USE OF PERSONAL HEALTH INFORMATION

We are allowed by law to collect what you write on this form under the authority of:

- Health Protection and Promotion Act
- Personal Health Information Protection Act

The information may be used for:

- The vaccine program
- Outbreak management
- Statistics and research
- Immunization records
- Program evaluation

The information may be shared with the Ministries of:

- Health and Long Term Care
- Children and Youth Services
- Education

Questions? Contact the ESTPH Privacy Officer at:

Elgin St. Thomas Public Health
1230 Talbot St., St. Thomas, ON, N5P 1G9
Phone: 519-631-9900 Fax: 519-633-0468
Email: estph@elginhealth.on.ca

**Statement of Conscience or Religious Belief
for Child***Child Care and Early Years Act, 2014***Affidavit**I, _____
(Last Name, First Name)

parent of the following named child:

Last Name	First Name	Date of Birth (yyyy/mm/dd)
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Home Address

Unit Number	Street Number	Street Name
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City/Town	Province	Postal Code
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Child Care Centre / Home Child Care Agency

make oath or solemnly affirm and say as follows:

1. Immunization conflicts with my sincerely held religious or conscious convictions.
2. I make this affidavit for the purposes of complying with the requirements of subsection 35(2) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*, and for no other or improper purpose.

SWORN OR SOLEMNLY AFFIRMED before me

at _____
(Municipality/First Nation)in _____
(Province)on _____
(Date (yyyy/mm/dd))_____
Parent of Named Child Signature_____
Signature of Commissioner for Taking Affidavits_____
Type or Print name if signature is illegible (Last Name, First Name)

Personal information on this form is provided to your child care provider as required under subsection 35(2) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*. The information may be collected and used by the Ministry of Education in the course of confirming compliance with that subsection. The information may also be collected and used by the Medical Officer of Health pursuant to clause 72(6)(a) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014* in order to support the health and well-being of children. Questions about this collection should be directed to: Manager, Licensing and Compliance, Ministry of Education, 77 Wellesley Street West, Box 980, Toronto ON M7A 1N3, or by calling the Child Care Licensing Help Desk at 1-877-510-5333.