

Exemption from School Vaccinations

Instructions:

Please complete and submit this form with one of the following legal documents to Wellington-Dufferin-Guelph Public Health (keep a copy for your records):

- Statement of Medical Exemption
- Statement of Conscience or Religious Belief Affidavit

Child's Last Name:	Child's First Name
Child's Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address / Postal Code:	Phone Number:
Family Physician:	School Attending:
Parent/Legal Guardian:	Relationship to Child:

Please exempt my child from the following vaccinations (check all that apply):

- Measles / Mumps / Rubella
- Diphtheria / Tetanus
- Pertussis (whooping cough)
- Poliomyelitis
- Meningococcal (meningitis)
- Varicella (chicken pox)

Parent/Guardian Signature: _____ Date: _____

The information on this form is collected under the authority of the Health Protection and Promotion Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 2975.