Ontario

Ministry of Health
and Long-Term Care

Statement of Conscience or Religious Belief

Immunization of School Pupils Act

Affidavit

I, _____ ,

parent of the following named pupil:

Pupil's Last Name	Pupil's First Name	DOB (yyyy/mm/dd)

Home Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

School Name	Class or Grade

make oath or solemnly affirm and say as follows:

The requirements of the *Immunization of School Pupils Act* conflict with my sincerely held convictions based on my religion or conscience.

I understand that section 12 of the Act provides that the Medical Officer of Health may order that the above named pupil be excluded from school if there is an outbreak or immediate risk of an outbreak of a designated disease in the school at which the pupil attends where the following have not been received:

1. A statement of immunization or other satisfactory evidence of immunization.

2. A statement of medical exemption stating that immunization is unnecessary because of evidence of immunity.

SWORN OR SOLEMNLY AFFIRMED before me

at _____
(Municipality)

in _____
(Province, State, or Country)

on _____
(Date yyyy/mm/dd)

_____
Signature of Commissioner for taking Affidavits

_____
Type or print name if signature is illegible

_____
Parent's Signature

Save Form Print Form Clear Form

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