

APPENDIX A

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 does not meet the New Brunswick routine immunization schedule requirements. 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 of 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