



Ontario

Ministry of Health
and Long-Term Care

Form 2

**Statement of Conscience or Religious Belief
Affidavit**

Immunization of School Pupils Act, 1990

I, _____, parent of the following named pupil:

Pupil's name (Last name) _____ (First name) _____

Address _____

Date of Birth : (year) _____ (month) _____ (day) _____

School _____ (Class or Grade) _____

make oath or solemnly affirm and say as follows:

The requirements of the *Immunization of School Pupils Act, 1990*, 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 the _____ of
(city, town, municipality)
_____, in the **Province of**

Ontario, this _____ day of

_____, 20 _____

A Commiissioner, etc.

} _____
Signature of Parent