Ontario

Ministry of Health and Long-Term Care

Statement of Conscience or Religious Belief

Immunization of School Pupils Act

Pupil Information

Pupil's Last Name	Pupil's First Name
Date of Birth (yyyy/mm/dd)	

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Name of School	Class or Grade

Parent/Legal Guardian Information

Last Name	First Name

Telephone Number	Email Address

Important Information – Please Read

Ontario's *Immunization of School Pupils Act* ("ISPA") requires that children and adolescents attending primary or secondary school show proof of immunization against the ISPA's designated diseases unless they have a valid exemption.

In order to receive a valid exemption for non-medical reasons, parents must:

a. **Complete the immunization education session required by the ISPA; and**

b. **Complete the Statement of Conscience or Religious Belief form that is signed, and sworn or affirmed before a Commissioner for Taking Affidavits**

Parents must submit the above mentioned documents to the medical officer of health of their local public health unit.

To find the local public health unit in your area, visit ontario.ca/healthcareoptions

Information about vaccines and Ontario's publicly funded immunization program is available at ontario.ca/vaccines

Risks of not being vaccinated:

Immunization programs have resulted in dramatic reductions in cases of vaccine-preventable diseases (VPDs) in Canada with reductions in incidence in the range of 99 to 100% for diseases such as measles, mumps, chickenpox, diphtheria and polio. With the decision to delay or refuse vaccines, you are accepting responsibility that you are putting your child's health and even life at risk. Be aware that any vaccine-preventable disease can appear at any time in Ontario because all of these diseases still circulate either here or elsewhere in the world.[1]

Delaying or refusing vaccines for your child also puts others at risk of illness, especially children and adults in cancer treatment, those with heart or lung disease or diabetes, newborn babies and the elderly. Communities depend on high immunization rates to keep vaccine preventable diseases from spreading. When more people are immunized, there is less risk for everyone. If your child is sick and you call or visit a health care provider, immediately tell them that your child is not fully vaccinated. This may affect what tests they do. Precautions may need to be taken so that a vaccine-preventable disease does not spread from your child to other people.[2]

[1] Source: Ministry of Health and Long-Term Care

[2] Source: Canadian Paediatric Society

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Affidavit

I, _____ ,

parent/legal guardian of the above named pupil, make oath or solemnly affirm and say as follows:

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

I have completed the required immunization education session as demonstrated by submitting a copy of the vaccine education certificate.

I understand that section 12 of the ISPA 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 one the following has not been received:

- A statement of immunization or other satisfactory evidence of immunization. Please note, immunity can take a period of time to develop and if immunized the student may continue to be excluded during that period.
- A statement of medical exemption stating that immunization is unnecessary because of evidence of immunity.

I understand that I may choose at any time to vaccinate my child for any of the designated diseases under the ISPA.

☐ I request the above named pupil be exempted from **all** ISPA diseases; **OR**

☐ I request the above named pupil be exempted from the immunization requirements under the ISPA for the following designated diseases:

☐ Measles, Mumps, Rubella

☐ Varicella (chickenpox) (for children born in or after 2010)

☐ Diphtheria, Tetanus

☐ Pertussis

☐ Poliomyelitis

☐ Meningococcal (Men-C-C for children under 12 years old)

☐ Meningococcal (Men-C-ACWY for children 12 years and older)

Note on selecting diseases:
In Canada, certain vaccines are only available in a combined vaccine product that also protects against other diseases. For example, vaccines that protect against tetanus and diphtheria are only available in combination with protection against pertussis and/or polio. Please review the Immunization Parent Check List or contact your local public health unit for more information.

SWORN OR SOLEMNLY AFFIRMED before me

at

_____
(Municipality)

in

_____
(Province, State, or Country)

on

_____
Date (yyyy/mm/dd)

_____
Signature of Parent/Legal Guardian

_____
Signature of Commissioner for taking Affidavits

_____
Type or print name if signature is illegible

As per section 366 of the Criminal Code, it is an offence to make a false document, knowing it to be false, with intent that a person should be induced, by the belief that it is genuine, to do or to refrain from doing anything.