Ontario

Ministry of Health
and Long-Term Care

# Statement of Medical Exemption
## *Immunization of School Pupils Act*

**Section 1 – Pupil Information**

| Last Name | 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 |
|---|---|
| | |

**Section 2 – Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)**

I, _____ ,
(Name of physician or registered nurse in the extended class)

certify that, for medical reasons indicated below, the above named pupil should be exempted from the requirements of the Act.
The specific reasons and length of exemptions are checked in the boxes below.
The time periods for temporary medical exemptions are indicated.

| Disease | Immunity | | Contraindication | Length of Exemption | | | |
|---|---|---|---|---|---|---|---|
| | Clinical diagnosis of prior disease | Laboratory confirmation of immunity or prior disease | Detrimental to health | Permanent | Temporary | From yyyy/mm/dd | To yyyy/mm/dd |
| Diphtheria | | | ☐ | ☐ | ☐ | | / |
| Tetanus | | | ☐ | ☐ | ☐ | | / |
| Pertussis | | | ☐ | ☐ | ☐ | | / |
| Poliomyelitis | | | ☐ | ☐ | ☐ | | / |
| Meningococcal Disease | | | ☐ | ☐ | ☐ | | / |
| Measles | | ☐ | ☐ | ☐ | ☐ | | / |
| Mumps | | ☐ | ☐ | ☐ | ☐ | | / |
| Rubella | | ☐ | ☐ | ☐ | ☐ | | / |
| Varicella | ☐ * | ☐ | ☐ | ☐ | ☐ | | / |

* Clinical diagnosis of prior varicella or herpes zoster disease is acceptable for varicella immunity.

Use this space to define evidence of immunity.

Use this space for explanations of contraindications detrimental to health.

**Section 3 – Signature**

Name of Physician or Registered Nurse in the Extended Class

**Business Address**

| Unit Number | Street Number | Street Name | PO Box |
|---|---|---|---|
| | | | |

| City/Town | Province | Postal Code |
|---|---|---|
| | | |

| Signature of Physician or Registered Nurse in the Extended Class | Date (yyyy/mm/dd) |
|---|---|
| | |

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