

FORM 2
STATEMENT OF CONSCIENCE OR RELIGIOUS BELIEF

Immunization of School Pupils Act

AFFIDAVIT

I, parent of the following named pupil

PUPILS 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* conflict with my sincerely held convictions based on my based ion 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)
 Municipality of this)
 day of 200.....)
)

A commissioner, etc.

.....
Parent's Signature