Immunization Exemption Form for Day Care

New Nouveau Brunswick

Name of child: _____ _____
Surname Given names

Date of birth: _____/____/_____ _____/_____/_____ _____
yyyy mm dd Medicare Daytime telephone number

Address: _____ Postal code: _____

Name of parent / legal guardian: _____

_____ _____
Name of Day Care Centre Address of Day Care Centre

Complete Section 1 OR Section 2

1. MEDICAL EXEMPTION:

For medical reasons, the above-mentioned child is unable to meet the immunization requirements as per the regulations under the *Public Health Act* (2009). 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 as per the 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

Your objection to having immunization services and the personal health information you provided is collected and used by New Brunswick Public Health within the Public Health Information Solution (PHIS) for the purposes of delivering immunizations, and to prevent, investigate and manage outbreaks of notifiable disease. Your personal health information is processed in accordance with the *Personal Health Information Privacy and Access Act*.

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