

Department of Education and Early Childhood Development

Policy 706

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APPENDIX A

Immunization Exemption Form for School Entry

Name of shild:		
Name of child: Surname		Given names
Camani	.	Civen names
Date of birth:/	/	
yyyy mm dd	Medicare	Daytime telephone number
Address:		Postal code:
7 da 1000.		
Name of parent / legal guardian:		
School District		Name of school
- Concer District		riamo el concol
Complete Section 1 OR Section 2		
1. MEDICAL EXEMPTION		
For medical reasons, the above-mentioned child does not meet the New Brunswick routine		
immunization schedule requirements. 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:		
crilia.		
Name of medical / nurse practitioner:		
Signatura	г	Opto:
Signature: Date:/		
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 of regulations under the <i>Public Health Act</i> . 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):		
Descrit / Is not supporting signature		Detail
Parent / legal guardian signature: _		
		yyyy mm dd