

## Statement of Conscience or Religious Belief Immunization of School Pupils Act

Pupil Information									
<u> </u>									
Pupil's Last Name			Pupil's First Name	Pupil's First Name					
Date of Birth (yyyy	/mm/dd)								
Address									
Unit Number   Street Number   Street Name					PO Box				
City/Town			Province	Province		Postal Code			
Name of School			Class or Grade		rade				
Parent/Legal Guardian Information									
Last Name		First Name	First Name						
Lastranis			i iist rtainis						
Telephone Numbe	r	Fmail Address	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.<sup>1</sup>

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.<sup>2</sup>

<sup>&</sup>lt;sup>1</sup> Source: Ministry of Health and Long-Term Care

<sup>2</sup> Source: Canadian Paediatric Society

Affidavit									
Ι,					,				
parent	/legal guardian of the above named p	oupil, make oath or sole	emnly affir	m and say as follows:					
	quirements of the <i>Immunization of Se</i> n or conscience.	chool Pupils Act (ISPA)	) conflict w	ith my sincerely held conviction	s based on my				
I have certific	completed the required immunization ate.	n education session as	demonstr	ated by submitting a copy of the	e vaccine education				
exclud	rstand that section 12 of the ISPA pro ed from school if there is an outbreal ttends where one the following has n	k or immediate risk of a							
•	<ul> <li>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.</li> </ul>								
•	<ul> <li>A statement of medical exemption stating that immunization is unnecessary because of evidence of immunity.</li> </ul>								
I unde	rstand that I may choose at any time	to vaccinate my child f	or any of t	he designated diseases under t	he ISPA.				
☐ I re	quest the above named pupil be exe	mpted from <b>all</b> ISPA di	iseases; <b>O</b>	R					
	quest the above named pupil be exe signated diseases:	mpted from the immun	ization rec	uirements under the ISPA for th	ne following				
	Measles, Mumps, Rubella	Diphtheria, Tetanu	ıs	Meningococcal (Men-C-C children under 12 years old					
	Varicella (chickenpox) (for children born in or after 2010)	Pertussis Poliomyelitis		Meningococcal (Men-C-AC children 12 years and olde	CWY for				
In Can examp	on selecting diseases: ada, certain vaccines are only availa le, vaccines that protect against teta polio. Please review the Immunization	nus and diphtheria are	only availa	able in combination with protect	ion against pertussis				
SWOR	N OR SOLEMNLY AFFIRMED before	re me							
at									
(Municipality)									
in									
(Province, State, or Country)									
on									
Date (yyyy/mm/dd)			Signature of Parent/Legal Guardian						
	Signature of Commissioner for taki	ng 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.

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