

Exemption Cover Letter

(for medical or childcare center exemptions)



Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

Instructions:

- Complete all sections that apply
- Once completed return the form with the appropriate affidavit/exemption form to your local Northeastern Public Health Office.

Section A – Child Information

Last Name:	First Name:	Gender:
Date of Birth: (yyyy/mm/dd)	Health Card Number:	
Address:	City:	Postal Code:
Name of Family Physician:	Name of School/Childcare Centre:	
Parent/Guardian Last Name:	First Name:	
Relationship to Child:	Phone Number:	
Signature:	Date:	

Section B – Medical Exemption (only complete if your child has a medical exemption completed)

- | | |
|---|--|
| <input type="radio"/> Diphtheria and Tetanus | <input type="radio"/> Pertussis |
| <input type="radio"/> Measles Mumps and Rubella | <input type="radio"/> Pneumococcal Disease |
| <input type="radio"/> Poliomyelitis | <input type="radio"/> Meningococcal Disease (both) |
| <input type="radio"/> Haemophilus Influenzae type B | <input type="radio"/> Men C only |
| <input type="radio"/> Varicella | <input type="radio"/> Men C ACYW 135 only |

Section C – Childcare Centre Exemption (only complete if your child attends a childcare centre)

- | | |
|---|--|
| <input type="radio"/> Diphtheria and Tetanus | <input type="radio"/> Pertussis |
| <input type="radio"/> Measles Mumps and Rubella | <input type="radio"/> Pneumococcal Disease |
| <input type="radio"/> Poliomyelitis | <input type="radio"/> Meningococcal Disease (both) |
| <input type="radio"/> Haemophilus Influenzae type B | <input type="radio"/> Men C only |
| <input type="radio"/> Varicella | <input type="radio"/> Men C ACYW 135 only |

Personal health information on this form is collected by Northeastern Public Health for the Immunization Program. For information about the way we protect the confidentiality of personal health information, call us or visit Northeastern Public Health Privacy Statement at <https://www.neph.ca/en/>