



Date: _____

Dear Parent/ Guardian: _____
Name of Child Date of Birth

Please print and complete ministry form, "Statement of Conscience or Religious Belief". You will notice on the form, there is a space for this declaration to be sworn as an Affidavit before an Ontario Commissioner for Taking Affidavits.

The following qualify as Commissioner for Taking Affidavits:

- Member of Provincial Parliament
- Provincial Judge
- Justice of the Peace
- Clerk, Deputy Clerk or Treasurer of Local Municipalities in which their local municipality is situated (see enclosed sheet for area offices)
- Head of Municipal Council in which their local municipality is situated
- Member of City Council (reeves) in which their local municipality is situated
- Notary Public
- Barristers and solicitors entitled to practice law in Ontario
- Any individual who is empowered by the Lieutenant Governor to be a commissioner (a stamp is required for these individuals)

The Commissioner for Taking Affidavit must print their name (lawyers, print law society number), full address, telephone number, title and seal if available.

Ottawa Public Health cannot legally accept a fax or photocopy of the affidavit. If you want an original for your personal files, have the commissionaire complete two forms.

Be advised however, that if you move to another public health unit area at a future date, you may be required to complete another Affidavit at that time.

Place a check mark beside each vaccine that you wish to be included in this affidavit. Please return this letter with the original signed affidavit to the address below. Do not send the forms to school.

- | | |
|--------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Haemophilus influenza b | <input type="checkbox"/> Meningococcal Conjugate C |
| | <input type="checkbox"/> Meningococcal Conjugate ACWY |

Mail to: Immunization Program - Ottawa Public Health
100 Constellation Drive Ottawa, Ontario K2G 6J8

Yours sincerely,

Isra Levy, MB BCh, MSc, FRCPC, FACPM
Medical Officer of Health

08/2015