**Exemption Cover Letter**

**(for medical or childcare centre exemptions)**

**Instructions:**

1. Please complete all sections that apply.
2. **Return** the completed form with the appropriate affidavit/exemption form to the Porcupine Health Unit.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A – Child Information** | | | | | | |  | | | | |
| Last Name: | | | | | First Name: | | | | Gender:  Male Female | | |
| Date of Birth:  Year | Month | Day | | | Ontario Health Card Number: | | | | | | |
| Address: | | | | | | | | City: | | | Postal Code: |
| Parent/Guardian Name (please print): | | | Relationship to Child: | | | | | Home/Cell Phone #: | | | Work #: |
| Name of Family Physiscian: | | | | | | Name of School/Childcare Centre:: | | | | | |
| Form Completed by (please print): | | | | Signature: | | | | | | Date: **yyyy/mm/dd** | |
| **SECTION B- Medical Exemption (only complete if your child has a medical exemption completed)** | | | | | | | | | | | |
| □ Diphtheria and Tetanus  □ Measles, Mumps and Rubella  □ Poliomyelitis | | | | | | □ Meningococcal Disease (both)  □ Men C only □ Men C ACYW 135 only  □ Varicella  □ Pertussis | | | | | |
| **SECTION C- Childcare Centre Exemption (only complete if your child attends a childcare centre)** | | | | | | | | | | | |
| □ Diphtheria, Tetanus  □ Measles, Mumps and Rubella  □ Poliomyelitis  □ Rotavirus  □ Haemophilus Influenzae type B | | | | | | □ Meningococcal Disease  □ Varicella  □ Pertussis  □ Pneumococcal Disease | | | | | |

**Personal health information on this form is collected by the Porcupine Health Unit for the Immunization Program. For information about the way we protect the confidentiality of personal health information, call us or visit Porcupine Health Unit’s Privacy Statement at www.porcupinehu.on.ca.**