**Request to Rescind an Exemption**

**Instructions:**

1. Comlete all sections

2. Return the completed form to the PHU.

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| **SECTION A (child’s 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/Chilcare Centre:: | | | | | |
| **SECTION B (select the disease (s) for which the individual will no longer be exempted)** | | | | | | | | | | | |
| □ Diphtheria and Tetanus  □ Measles, Mumps and Rubella  □ Poliomyelitis  □ Rotavirus  □ Haemophilus Influenzae type B | | | | | | □ Meningococcal Disease (both)  □ Men C only □ Men C ACYW 135 only  □ Varicella  □ Pertussis | | | | | |
| **SECTION C**   * **To rescind a Statement of Medical Exemption, the form must be signed by a physician.** * **To rescind a Statement of Conscience or Religious Belief Affidavit, the form must be signed by the individual who previously signed and submitted the form to the Medical Officer of Health of the Porcupine Health Unit unless custodial parent has changed.** | | | | | | | | | | | |
| Form completed by (please print): | | | | | Signature: | | | | | Date: yyyy/mm/dd | |

**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.**