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[ORGANIZATION'S LOGO]

Influenza Vaccination Medical Exemption Request Form – Part A

Instructions

1. Read, complete and sign this page.
2. Present Part B to your personal physician to complete the medical information.
3. Return both completed forms to [INSERT WHERE FORMS SHOULD BE RETURNED] by [INSERT DEADLINE FOR SUBMISSION OF FORMS].

Name: _____ Date of Birth: _____
 Position Title: _____ Department: _____
 Employee ID: _____

[ORGANIZATION NAME] is committed to protecting our patients, health care workers, volunteers, medical staff, students [THE CATEGORIES OF HEALTH CARE WORKERS LISTED HERE SHOULD MATCH WHAT IS LISTED IN THE POLICY] and the community from influenza. Influenza is a serious respiratory disease that kills an average of 36,000 people and hospitalizes more than 200,000 people in the United States each year. A person who comes in contact with the influenza virus can shed it for 24 to 48 hours before symptoms may appear. This can spread the virus to patients in [ORGANIZATION NAME] facilities, to colleagues and to family members. [ORGANIZATION NAME] requires all health care personnel as defined in policy [INSERT POLICY NAME AND/OR NUMBER] to be vaccinated against influenza on an annual basis unless granted an exemption. This form is used to request a medical exemption. Pursuant to policy [INSERT POLICY NAME AND/OR NUMBER], only the following individuals are entitled to medical exemptions:

1. Individuals with a previous reaction to the influenza vaccine such as hives, difficulty breathing or swelling of the tongue or lips. This category does not include individuals with mere sensitivity to the vaccine such as an upset stomach or mild to moderate local reactions such as soreness, redness, itching or swelling at the injection site.
2. Individuals with a severe egg allergy.
3. Individuals with a history of Guillain-Barré Syndrome.
4. Individuals with other compelling medical need for an exemption.

Individuals who do not receive a vaccination because they are granted an exemption must [INSERT ORGANIZATIONAL REQUIREMENTS, IF ANY, IF A VACCINE IS NOT RECEIVED].

With knowledge of the above, I am requesting an exemption from the influenza vaccination for medical reasons.

Signature: _____ Date: _____

Section below is to be completed by [NAME OF REVIEW BODY]

This was reviewed by the Exemption Committee on _____ and determined that the requestor _____
 Date

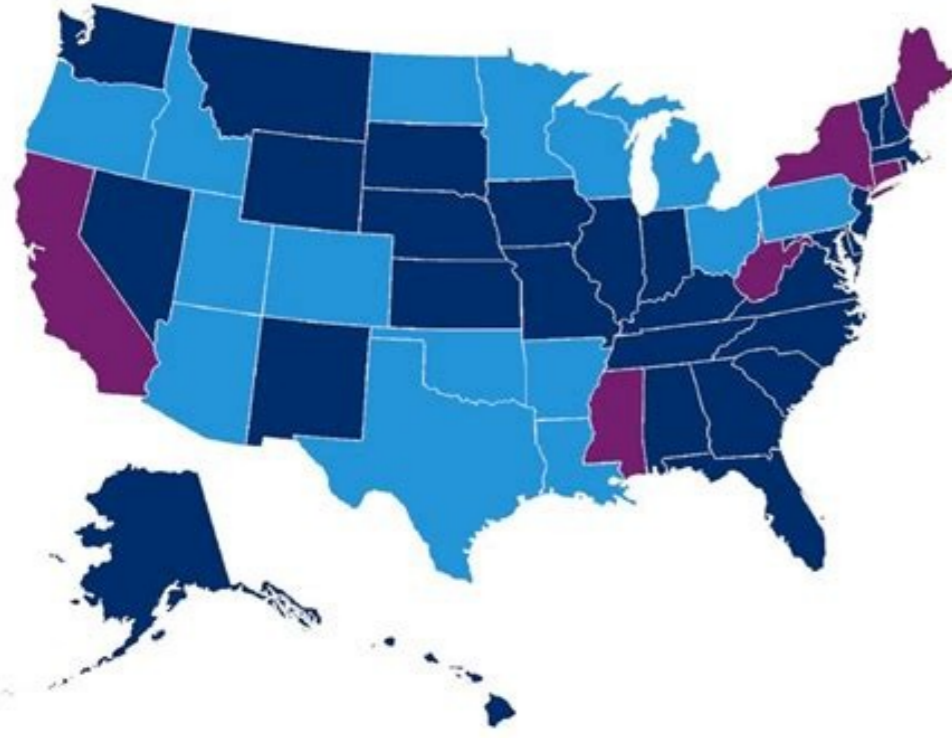
qualifies for exemption. does not qualify for exemption.

Further actions to be taken include: _____

The person requesting the medical exemption was notified of the results of the review on _____
 Date
 by _____

Non-medical Exemptions from Immunizations within Schools

- Religious Exemption
- Religious and Personal Belief Exemptions
- No Religious/Personal Belief Exemption



_____ Parent/Guardian
_____ Health Care

IMMUNIZATION RELIGIOUS EXEMPTION FORM

INSTRUCTIONS TO PARENTS OR GUARDIANS:

Vaccine preventable diseases continue to exist. Immunizations are one of the most cost effective measures to protect children, adolescents, and adults from harmful vaccine preventable diseases and possible death. A high proportion of children and adolescents must be immunized to prevent outbreaks of disease in school settings and other places where children and adolescents are educated, work, and play close together.

A parent or guardian wishing to exempt their child from some or all vaccinations must provide a written statement indicating the religious objections to the vaccination(s). A person who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. This person may be subject to exclusion from school, group facilities or other programs, if the local and/or state public health authority advises exclusion as a disease control measure.

By signing this religious exemption form, I acknowledge that I have been educated and received materials regarding the benefits of vaccination. I have had an opportunity to ask questions which were answered to my satisfaction. I further acknowledge that I may be placing myself or my child and others at risk of serious illness should my child contract a disease that could have been prevented through proper vaccination. I feel I understand the risks associated with not receiving the vaccines checked below. I also give permission to share my immunization record and/or Certificate of Religious Exemption with facilities or institutions, which are required by law to have such records and with my other health care provider(s).

PLEASE PRINT

All information must be filled in below:

I consent or affirm that I object to having my child, named _____,

date of birth _____, immunized with the vaccines that I have checked below:

- DTaP, DT, Td, Tdap (Diphtheria, Tetanus, acellular Pertussis)
- Haemophilus influenzae type b
- Hepatitis B
- Meningococcal
- MMR (Measles, Mumps, Rubella)
- Pneumococcal Conjugate
- Polio
- Varicella (chickenpox)

Name: _____

Parent(s)/Guardian(s) Name(s): _____

Signature of parent or guardian _____

Date signed _____

Signature of physician, APRN, PA, pharmacist, LNC, administrator, or JN/Advanced _____

Date signed _____

FORM 1 (3/2011)

1. MEDICAL CONTRAINDICATION:
I hereby certify that the immunization(s) specified below are medically contraindicated for the above named child.

Immunization(s) _____ State the condition that would endanger the life or health of the child.

Printed name of Physician _____ Signature of Physician _____

Address of Physician _____ Phone number of Physician _____

2. RELIGIOUS OBJECTION:
I hereby certify that immunization is contrary to the teachings of the above named child's religion.

Printed name of Religious Leader or Parent/Guardian _____ Signature of Religious Leader or Parent/Guardian _____

3. PERSONAL OBJECTION:
I hereby certify that immunization is contrary to my beliefs. As the parent or legal guardian of the above named child, I request an exemption to the immunization requirements for School, Child Care Facility or Head Start attendance. I have written a brief summary of my objections in the space provided below. I understand that test records are not grounds for an exemption.
REQUIRED: Summary of Objections: (Limited to 500 characters.)

4. Please check which immunization this exemption applies to:

<input type="checkbox"/> DTaP/Tdap (Diphtheria, Tetanus & Pertussis)	<input type="checkbox"/> Hib (Haemophilus influenzae type b)	<input type="checkbox"/> Polio
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> MMR (Measles, Mumps and Rubella)	<input type="checkbox"/> Varicella (Chickenpox)
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> All

5. Acknowledgement
I understand that in the event of a disease outbreak in the School, Child Care Facility or Head Start, my child may have to be excluded for his/her protection and for the protection of the other children in the School, Child Care Facility or Head Start.

Printed name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

Immunization exemption form ontario daycare. Ontario immunization medical exemption form. Immunization exemption form ontario. How to fill out vaccine exemption form. How to get an immunization exemption.

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It is important to check if you are using the ICON website for RCDHU, by looking at the top, since ICON tools are specific to health unit regions. Should you require assistance with using the tool or are having difficulty accessing the internet, please call the Health Unit Immunization line below. Persons requiring additional information or having questions relative to health or religious matters, should direct their inquiries to Student Health Services or call (585)785-1297. A photocopy is not acceptable. Once completed by your healthcare provider, the form can be uploaded using the Student Health Portal, mailed to Student Health Services, 3325 Marvin Sands Dr., Canandigua, NY 14424, or dropped off at Student Health Services (Room 3815, Main Campus). All students (except Gemini) must also receive information on meningococcal meningitis disease and vaccine availability. It appears you are trying to access this site using an outdated browser. Children who are not fully immunized or do not have a valid exemption may not be allowed to attend school. NYS Public Health Law #2165 will not permit continued attendance by individuals failing to present the required proof by the 30th day of the semester. How To Submit your Immunization Form Online Option Immunization information can be submitted online through your Student Health Portal. In accordance with the Child Care and Early Years Act, all children attending a licensed child care centre must show proof of immunization against diphtheria, haemophilus influenza type B, measles, meningococcal diseases, mumps, pertussis, pneumococcal disease, poliomyelitis, rotavirus, rubella, tetanus, and varicella. This is provided by Renfrew County and District Health Unit. To be exempt from the required immunizations, one of the following must be provided to Renfrew County and District Health Unit: If you have questions regarding the Program questionnaire, or exemption form, please be made at 613-732-3629 ext 509 or at 1-800-267-1097 Extension 509. The first dose must have been administered in or after 12 months of age. Process to approve the immunization information for the school registration to ensure that all children have evidence of the required vaccines, the RCDHU reviews the immunization records of each child who attends the school annually. Do not assume that The health units have all the immunization information if your child has visited a doctor to receive its vaccines. Covid-19 online students If you are a fully online student, you are exempt from previous immunization requirements. Mearpián, mumps and rubber. N: two doses of alive vaccine against measles (administered in 1968 or after), 509 Or send immunization information using our new online tool. If your child is going to attend school and is methodically unable to be vaccinated, a declaration of medical exemption must be completed by a doctor or professional nursing. Children who are not immunized must present a valid exemption. Under the immunization law of school students, children need to have evidence of immunization against diphtheria, tannos, polio, measles, mumps, rubber, meningococcal disease and whooping cough. Call the County Health Unit and Renfrew District at 613-732-3629 EXT. Parotitis: A, a dose of live mumps vaccine received in or after the first birthday. If you are enrolling your child for a licensed day care, please complete the questionnaire of the Immunization Program. Rubella: A dose of Viva Viva vaccine received in or after the first birthday. In addition, children born in 2010 or later should show immunization tests against chickenpox (varicella). If that an outbreak of one of the aforementioned diseases occurs, access to high school facilities will only be restricted to those who have immunity tests. It is important to make sure that you have the proper dose. Download the EL Of immunization / form of response from meningitis What happens if an immunization test is not received? The non-compliance can jeopardize the end of the course, future records, the eligibility of financial aid and reimbursements of the materal or tariffs. Requirements In accordance with FLCC immunization policy and the NYS # 2165 Public Health Law, students must present a test of immunity against measles, mumps and rubber. See the COVID-19 page of the website to obtain more information. Declaration of medical exemption 2. High or part-time students who take at least one course on campus should comply with immunization requirements. The serological evidence of immunity (titles) to measles, mumps and rubber will be accepted only with the presentation of laboratory certified results. The health unit offers community immunization clinics for missing students required vaccines. Jumping to content immunizations (or vaccines) are a safe and more effective way to avoid many serious diseases. Immunization exemptions 1. Check with your doctor or high school to obtain official immunization records. HYFLEX students should contact Studeffairs@lcc.edu to discuss the options. As of September 1, 2017, if parents are choosing not vaccinating their child, a compulsory education session must be completed, 509 to obtain more information about immunization exemptions. 509 or 1-800-267-1097 EXT. We recommend updating your browser to your most recent version as soon as possible. Renfrew County and District Health Unit 141 Lake Street, Pembroke, ON K8A 5L8 TELLO: 613-732-3629 EXT. The proof of honorable secretion of armed services within ten years after the date of application to the university As a certificate that allows the student to attend the institution, pending the actual reception of immunization records. Once completed by your medical care provider, you can easily send your vaccines by following these steps: Start session on the Health Portal Select SELECT portal Upload "Choose document type" Immunizations "Take a photo and upload your vaccination record, vaccination card" or other complete documentation 3 on the line using the 3 download and print option 3 the student health portal, you can also download and print our immunization 3. As a parent, keeping your children safe and healthy are your number one priority. All children attending school between the ages of 4 and 17 must be immunized in accordance with Ontario's immunization 3 program. Immunization 3 not protect children from many serious diseases that spread easily in schools. The student or parent of a child must complete a meningitis response form indicating that they have received the meningitis information, and the (1) "have a vaccine, or (2) decrease to receive the vaccine. Please note that we need the original copy. Copy.

15/6/2020 - In accordance with Ontario government and health guidelines, Flying Squirrel requires proof of vaccination to enter the facility for people ages 12 and over. (Children under 12 DO NOT require any of proof.) Please prepare the vaccine records prior to visiting our facility: You can present the records via mobile device online or on paper. 10/10/2019 - Our staff can't provide legal advice, interpret the law or conduct research. You may be able to obtain assistance from a lawyer or paralegal. If you have received one or more doses of a COVID-19 vaccine outside of the Province of Ontario, you must provide your proof of immunization to Ottawa Public Health. Complete the form below to notify Ottawa Public Health of your out of province dose administration, and upload the documentation you have received. Toronto Public Health's review of immunization records for all students remains on hold for the 2021-2022 school year. Routine vaccinations are an essential health service and are available from a student's health care provider. Vaccines provide individuals with protection from non-COVID-19 diseases. Students visiting their health care providers for scheduled or urgent visits ... 3/8/2020 - There is no form for requesting religious exemptions in North Carolina. To claim a religious exemption, the parent or person requesting the exemption must write a statement of their religious objection to immunization, including the name and date of birth of the person for whom the exemption is being requested. (ii) a statement of medical exemption in the prescribed form signed by a physician or a registered nurse in the extended class stating that the prescribed program of immunization in relation to the designated disease is unnecessary in respect of the pupil by reason of past infection or laboratory evidence of immunity. R.S.O. 1990, c. Re-immunization is not harmful and highly recommended. This will ensure that your child is adequately protected against vaccine preventable diseases. For more information on the recommended schedule and catch up schedules, please visit the Publicly Funded Immunization Schedules for Ontario.

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