APPENDIX B

New Brunswick

PROOF OF IMMUNIZATION REQUIREMENT OR EXEMPTION FOR SCHOOL ENTRY

DEPARTMENT OF HEALTH AND WELLNESS

ONLY ONE SECTION SHOULD BE FILLED

Name of Child _____ Date of Birth D M Y _____ Medicare Number _____

Parent or Guardian _____ School District No. _____

Address _____ Postal Code _____

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1. PROOF OF IMMUNIZATION

This is to verify that the above-named child has received the following immunizations:

☐ Three doses of Polio vaccine Dates 1. _____ 2. _____ 3. _____

☐ Three doses of D.P.T. or D.T. vaccine Dates 1. _____ 2. _____ 3. _____

☐ One dose of Measles, Mumps and Rubella Vaccine Date _____

Comments: _____

Date _____ 20 _____ Signature of Physician or Public Health Nurse _____

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2. MEDICAL EXEMPTION

A. The following immunizations are harmful to this child's health and I recommend that they not be given

B. I observed this child while he / she experienced the following illness(es). Vaccine designed to protect against the disease(s) named is not necessary.

Date _____ 20 _____ Signature Physician _____

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3. DECLARATION OF OBJECTION TO IMMUNIZATION

I object to the administration of vaccines to my child named above and therefore request exemption from the requirements as provided for in the Education Act. I understand that my child will be excluded from school in the event of an outbreak of one of the infectious diseases.

Date _____ 20 _____ Signature of Parent or Guardian _____

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