

Dear Parent/Guardian:

Please find attached the statement of Conscience or Religious Belief form for Child Care Center. You will notice that as part of the form there are spaces for this declaration to be sworn as an affidavit before an Ontario Commissioner for Taking Affidavits. A different process will be required for school registration, please contact us at that time.

**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 your local municipality is situated)
- Head of Municipal Council in which your local municipality is situated
- Member of City Councils (reeves) in which your local municipality is situated
- Notary Public
- Barrister 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 Affidavits must be identified by printing their name (Lawyers, print law society number), full address, telephone number, title and seal if available.

**The Eastern Ontario Health Unit cannot legally accept a scan, fax or photocopy of the affidavit.**

If you want an original for your personal files, have the commissionaire complete two forms.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(yyyy/mm/dd)

Phone Number at Home: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

<input type="checkbox"/> I request the above named child be exempted from <b>all</b> Child Care and Early Years Act recommended vaccines; <b>or</b>	
I request the above named child be exempted from immunization requirements under the Child Care and Early Years Act for the following designated diseases (check all diseases that apply):	
<input type="checkbox"/> Diptheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Mumps
<input type="checkbox"/> Polio	<input type="checkbox"/> Rubella
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Varicella
<input type="checkbox"/> Haemophilus influenza type b (Hib)	<input type="checkbox"/> Rotavirus
<input type="checkbox"/> Pneumococcal conjugated	<input type="checkbox"/> Meningitis (meningitis C)

Please return this letter with the original affidavit to your local Eastern Ontario Health Unit office or mail to:

Eastern Ontario Health Unit  
 Immunization Program  
 200-2229 Laurier Street  
 Rockland, ON K4K 0B7

Sincerely,

Dr Paul Roumeliotis, M.D., C.M., FRCP(C)  
 Medical Officer of Health

Enclosures

