

Pupil's last name/Nom de famille de l'élève		First name/Prénom	
Address (street, no.)/Adresse (n ^o , rue)		Date of birth/Date de naissance	
(City/town)/(Ville)		Year Année	Month Mois
		Day Jour	Postal code/Code postal
School/Nom de l'école		Class or grade/Classe ou année d'études	

I, _____, certify that, for medical reasons indicated below, the above named pupil should be exempted from the requirements of the Act.

Je soussigné(e), _____, atteste qu'en vertu des raisons médicales indiquées ci-dessous, l'élève susmentionné(e) devrait être exempté(e) de l'application des exigences de la Loi.

The specific reasons and length of exemptions are checked in the boxes below. The time periods for temporary medical exemptions are indicated.

Les raisons précises et la durée de l'exemption sont indiquées ci-dessous. La durée de validité de l'exemption médicale temporaire est également précisée.

Disease/Maladie	Immunity/Immunité		Contraindication Contre-indications	Length of exemption/Durée de l'exemption		
	Physician diagnosed prior disease Maladie antérieure diagnostiquée par un médecin	Test evidence of immunity Immunité prouvée par un test		Permanent Permanente	Temporary/Temporaire	
			Detrimental to health Susceptible de nuire à la santé		From/De	To/À
Diphtheria Diphthérie		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus Tétanos		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poliomyelitis Poliomyélite		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles Rougeole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps Oreillons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella Rubéole		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Define evidence of immunity/Indiquer les preuves d'immunité

Explain contraindications detrimental to health/Expliquer les contre-indications

Signature of Physician/Signature du médecin	Date
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Address/Adresse

Guidelines for completing the Statement of Medical Exemption – Form 1 Immunization of School Pupils Act

Evidence of Natural Immunity

A. Physician Diagnosed Disease

A history of prior disease will be acceptable only for physician diagnosed cases of measles and, (in certain cases) mumps. Minimal diagnostic criteria for measles are:

1. fever over 38.3 C (101°F)
2. cough, coryza, or conjunctivitis, (photophobia), followed by
3. generalized maculopapular rash of three or more days duration.

Clinical diagnostic criteria for mumps are less specific and the diagnosis of mumps without laboratory confirmation should only be made where clear cut epidemiologic and clinical evidence for the disease exists.

B. Test Evidence of Immunity

Diphtheria immunity may be demonstrated by the Schick test. This test does not indicate whether immunity has been naturally or vaccine acquired and immunity is probably not permanent. There is no natural immunity against tetanus and all individuals require immunization for protection.

In poliomyelitis and in rubella, laboratory confirmation is required. Cases of poliomyelitis require immunization against polio virus types which were not the cause of the disease.

Medical Contraindications

A. General Considerations

Combined vaccines are provided for all of the designated diseases. Diphtheria and tetanus toxoids combined with pertussis and polio vaccine is recommended in infancy and up to the seventh birthday. Although there are no general contraindications which apply to all antigens, a severe systemic reaction following one of the components of a combined vaccine is a contraindication to further doses of that vaccine. Single or other combined vaccine antigens are available through the government pharmacy. A medical contraindication to one vaccine does not necessarily indicate a contraindication to others in the series.

B. Contraindications to Specific Vaccines

1. Diphtheria toxoid and tetanus toxoid

- a) Severe systemic reaction (anaphylaxis or shock) to prior immunization with diphtheria toxoid or with tetanus toxoid.
- b) Severe local reactions indicate that no additional tetanus boosters should be given for 10 years.

2. Inactivated polio vaccine (IPV) as a single antigen or in combination with diphtheria and tetanus toxoids.

- a) Severe systemic reaction (anaphylaxis or shock) to prior immunization with killed polio vaccine.
- b) Allergy to neomycin or streptomycin.

3. Live virus vaccines (Oral polio vaccine (OPV), live measles, mumps and rubella vaccines)

- a) Congenital or acquired immunodeficiency disorders involving cellular immunity or immunosuppressive therapy.
- b) Administration of immune globulin or a blood transfusion within 5 months.

4. Measles, mumps and rubella, additional contraindications

- a) Pregnancy. The risks of measles and mumps vaccine in pregnancy are unknown. The risk of fetal malformations following rubella immunization during the first trimester of pregnancy is so small as to be negligible.¹ However, vaccination should be avoided during pregnancy.
- b) Allergy to neomycin.

(Note: Individuals with anaphylactic hypersensitivity to eggs (hives, swelling of the mouth and throat, difficulty breathing, hypotension or shock) may be immunized with MMR vaccine².)

Medical Exemptions

Medical exemptions fall into two main categories, cases where immunization is unnecessary because of appropriate evidence of natural immunity and cases where immunizations may be considered detrimental to the health of the recipient. Medical exemptions may be either temporary or permanent. Where they are permanent and there is no evidence of naturally acquired immunity, the pupil must be considered non-immune and therefore subject to exclusion in the event of an outbreak of disease.

The statement of medical exemption should include the reason for exemption (immunity or contraindication) for the specific disease(s) and the length of time the exemption will be in effect. Results of laboratory or other tests (e.g., Schick tests) should be documented in the space provided on the form. Similarly contraindications detrimental to health should be defined.

Any questions or concerns about completion of this form may be directed to the Medical Officer of Health.

References

1. Canadian Immunization Guide, Fourth edition 1993. National Advisory Committee on Immunization, Health Canada, Page 10.
2. Supplementary Statement: MMR vaccine and anaphylactic hypersensitivity to egg or egg-related antigens. National Advisory Committee on Immunization. Communicable Disease Report, vol. 22-14, 15 July 1996.

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