

Statement of Conscience or Religious Belief

AFFIDAVIT

Name: _____

Address: _____

Canada

I, _____ make oath or solemnly affirm the requirement of the Immunization act conflicts with my sincerely held convictions based on my religion or conscience. I understand the act provides that the Medical Officer of Health may order that

I, _____ be excluded from my place of employment if there is an outbreak or immediate risk of an outbreak of a designated disease in the place of employment where the following have not been received.

1. A statement of immunization or other satisfactory evidence of immunization
2. A statement of medical exemption stating that immunization is unnecessary because of the evidence of immunity.

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Signature _____