Ontario

Ministry of Education

Statement of Medical Exemption for Child

Child Care and Early Years Act, 2014

Notice of Collection of Personal Information

Personal information on this form is provided to your child care provider as required under subsection 35(2) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*. The information may be collected and used by the Ministry of Education in the course of confirming compliance with that subsection. The information may also be collected and used by the Medical Officer of Health pursuant to clause 72(6)(a) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014* in order to support the health and well-being of children. Questions about this collection should be directed to: Manager, Licensing and Compliance, Ministry of Education, 77 Wellesley Street West, Box 980, Toronto ON M7A 1N3, or by calling the Child Care Licensing Help Desk at 1-877-510-5333.

Section 1 – Child Information

Last Name	First Name	Date of Birth (yyyy/mm/dd)

Home Address

Unit Number	Street Number	Street Name

City/Town	Province	Postal Code

Child Care Centre / Home Child Care Agency

Section 2 – Declaration of Regulated Health Professional

I, _____ , certify that,
(Name of Regulated Health Professional) (Last Name, First Name)

for medical reasons indicated below, the above named child should be exempted from the requirements of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*.
The specific reasons and length of exemptions are checked in the boxes below.
The time periods for temporary medical exemptions are indicated.

Disease	Immunity		Contraindication	Length of Exemption			
	Clinical diagnosis of prior disease	Laboratory confirmation of immunity or prior disease	Detrimental to health	Permanent	Temporary	From (yyyy/mm/dd)	To (yyyy/mm/dd)
Diphtheria			☐	☐	☐		/
Tetanus			☐	☐	☐		/
Pertussis			☐	☐	☐		/
Poliomyelitis			☐	☐	☐		/
Meningococcal Disease			☐	☐	☐		/
Measles		☐	☐	☐	☐		/
Mumps		☐	☐	☐	☐		/
Rubella		☐	☐	☐	☐		/
Haemophilus Influenza Type B (Hib)	☐	☐	☐	☐	☐		/
Varicella	☐ *	☐	☐	☐	☐		/

*Clinical diagnosis of prior varicella or herpes zoster disease is acceptable for varicella immunity.

Use this space to define evidence of immunity.

_____

_____

Use this space for explanations of contraindications detrimental to health.

_____

_____

Section 3 – Signature

Name of Regulated Health Professional (Last Name, First Name)	Registration or Licence Number

Business Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Signature of Regulated Health Professional	Date (yyyy/mm/dd)

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