BRITISH COLUMBIA | Ministry of Health

NON-VACCINATION STATEMENT
Medical Contraindication

HLTH 2370 2019/10/30

This form can ONLY be completed by a medical practitioner, a nurse practitioner, or a registered nurse-remote practice certified

Last Name of Child	First Name of Child	Birthdate (YYYY / MM / DD)	Personal Health Number (PHN)

MEDICAL CONTRAINDICATION

For medical reasons, I advise that the above-named child should not be immunized with the following vaccine(s):

- ☐ Measles, Mumps, Rubella (MMR)
- ☐ Measles, Mumps, Rubella, Varicella (MMRV)
- ☐ Meningococcal C Conjugate (Men-C-C)
- ☐ Meningococcal Conjugate ACYW (Men-C-ACYW)
- ☐ Tetanus, Diphtheria, Pertussis (Tdap)
- ☐ Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV)
- ☐ Varicella (chickenpox)

Medical reasons:

- ☐ Anaphylaxis to a prior dose of the vaccine or a vaccine component
- ☐ Immunocompromise
- ☐ Other, specify:

Effective Date (YYYY / MM / DD):	☐ Indefinite exemption **OR** ☐ Time limited with end date (YYYY / MM / DD):

Last Name of Health Care Provider	First Name of Health Care Provider	Telephone Number	MSP Number

Address

Signature of Health Care Provider	Date Signed (YYYY / MM / DD)

See Communicable Disease Manual, Chapter 2, Immunization, Appendix C. Contraindications and Precautions for Immunization, http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization

Please submit this form to your local Public Health Unit, which can be found at www.immunizebc.ca/finder

Personal information collected on this form will be used by the health authority to update the student's immunization record under the Vaccination Status Reporting Regulation, B.C. Reg. 146/2019. The information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. Summary statistical information may be reported to the Ministry of Health. If you have any questions about the collection and use of this personal information, contact your local public health nurse. You may be contacted to request your participation in the evaluation of this school immunization program.

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