

Medical Exemptions

Medical exemptions fall into two main categories: a) cases where immunization against a specific disease(s) is unnecessary because of appropriate evidence of immunity and b) cases where immunization against a specific disease(s) 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 immunity, the pupil must be considered non-immune and therefore subject to exclusion in the event of an outbreak of the specific disease(s).

The statement of medical exemption should include the reason for exemption (evidence of immunity or medical contraindication) for the specific vaccine(s) and the length of time the exemption will be in effect. Results of laboratory 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 local Medical Officer of Health.

Evidence of Immunity

A. Laboratory Confirmation of Immunity

Laboratory confirmation is required for evidence of immunity to rubella and is strongly recommended for measles and mumps (see Part B. Physician Diagnosed Disease).

Immunity to a specific polio virus type may be demonstrated by laboratory testing. However, cases of poliomyelitis still require immunization against polio to protect against virus types which were not the cause of the disease.

Tetanus and diphtheria immunity following immunization may be demonstrated by laboratory tests. As recovery from tetanus may not result in immunity, primary immunization following recovery is indicated.

B. Physician Diagnosed Disease

Physician diagnosed disease as evidence of immunity is only acceptable for measles and mumps and should only be made where clear epidemiologic and clinical evidence for the disease exists. Laboratory confirmation is strongly recommended due to the decrease in incidence of measles and mumps since the introduction of the 2 dose measles, mumps and rubella immunization (MMR) program in Ontario in 1996. The minimal diagnostic criteria for measles are:

1. fever ≥ 38.3 C (101 °F)
2. cough, coryza, or conjunctivitis, followed by
3. generalized maculopapular rash for at least three days.

Medical Contraindications

A. General Considerations

For any significant untoward reaction following an injection of any vaccine, the provider should postpone further doses, report the reaction to the local Medical Officer of Health and seek expert advice.¹

The only medical contraindication that applies to each of the vaccines is an anaphylactic reaction to a previous dose or a constituent of the vaccine. In this event, further doses of the vaccine should not be administered.

Combination vaccines are routine for all of the designated diseases; however, some single or alternate combination vaccines are available through the government pharmacy.

B. Contraindications to specific vaccines: Please refer also to the specific product monograph

1. Tetanus and diphtheria toxoids (combined vaccine)

- a) Anaphylactic reaction to a previous dose of the vaccine or to a constituent of the vaccine.

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

- a) Anaphylactic reaction to streptomycin, polymyxin B or neomycin or a previous dose of the vaccine

3. Measles, mumps and rubella (combined live vaccine)

- a) anaphylactic reaction to neomycin, gelatin or a previous dose of the vaccine
- b) Pregnancy. Due to the theoretical risk of congenital rubella syndrome (CRS) in the fetus, measles, mumps and rubella vaccine should not be given to pregnant women.²
- c) Congenital or acquired immunodeficiency disorders involving cellular immunity or immunosuppressive therapy
- d) Administration of immune globulin (IG) or a blood transfusion (Temporary contraindication: Please see the Canadian Immunization Guide, 6th Edition for specific intervals between the administration of IG/Blood and measles-containing vaccine)

(Note: Clinical studies have demonstrated that egg allergy should no longer be considered a contraindication to immunization with Measles, Mumps and Rubella (MMR) vaccine.³ Please see the Canadian Immunization Guide, 6th Edition for further details)

References

- ¹ Canadian Immunization Guide, Sixth Edition 2002. National Advisory Committee on Immunization, Health Canada, Page 7
- ² As above, Page 203.
- ³ As above, Page 149.

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 Year Month Day Année Mois Jour
(City/Town) (Ville)	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.

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

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.

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 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
Address/Adresse	