

Hastings Prince Edward Public Health 179 North Park Street Belleville, ON K8P 4P1 Phone: (613) 966-5500 Fax: (613) 966-8145

## Order for Suspension from Attendance at School

Pursuant to s.6 of the Immunization of School Pupils Act

	ne Parent/Guardian of:		Sex: DOB: School:
Address	Y.		PUBLIC SCHOOL -
		icer of Health for Hastings P	
order the	suspension of the above n	amed student for a period of t	
From:	April 15, 2016	To: May 12, 201	6 (Inclusive)
	(a) A statement that the	of the following for the above student has completed the pre	
	. I have not received one	student has completed the pre	escribed program of
	. I have not received one (a) A statement that the	student has completed the pre	
1	(a) A statement that the immunization in relationship (b) A statement of medical ex (d) A statement of conscious (d) A statement of conscious (e) A statement of conscious (f)	student has completed the prestion to:  cal exemption, emption to replace one that hereience or religious belief (com-	[list of diseases] as expired, hissioned affidavit required).
1	(a) A statement that the immunization in relationship (b) A statement of medical ex (d) A statement of consol. I am not satisfied that the	student has completed the pre- tion to:  cal exemption, emption to replace one that he cience or religious belief (com- e pupil has completed, has co- plete the prescribed program	[list of diseases] as expired, hissioned affidavit required).
2.	(a) A statement that the immunization in relationship (b) A statement of medical ex (d) A statement of consol. I am not satisfied that the will commence and comm	student has completed the pre- tion to:  cal exemption, emption to replace one that he cience or religious belief (com- e pupil has completed, has co- plete the prescribed program	[list of diseases]  as expired, as issioned affidavit required).
2.  Parent/C	(a) A statement that the immunization in relationship (b) A statement of medical ex (d) A statement of consol. I am not satisfied that the will commence and com the disease(s) indicated as about this Order can be designed.	student has completed the prestion to:  cal exemption, emption to replace one that he cience or religious belief (com e pupil has completed, has co plete the prescribed program above.	[list of diseases]  as expired, assisted affidavit required).  mmenced and will complete or of immunization in relation to