



## Attestation Form

Required by Immunization of School Pupils Act (ISPA), Information Session

### Instructions:

This form must be filled out after watching the “Vaccine Education Video” as part of the requirement when submitting a “Statement of Conscience and Religious Belief – Immunization of School Pupils Act” form for a child who currently attends school.

Once you have completed the form, send it to Ottawa Public Health by (choose one):

- Fax: 613-580-9660
- Mail: Ottawa Public Health Immunization Unit  
100 Constellation Drive, 7E  
Mail Code: 26-42  
Ottawa, ON  
K2G 6J8
- Email: [immunization@ottawa.ca](mailto:immunization@ottawa.ca) **IMPORTANT: Emailing personal information to Ottawa public Health is not recommended. Email communication to Ottawa Public Health should only be used for general inquiries. By using email to communicate to Ottawa Public Health, you are accepting the risk and responsibility that the security of personal information cannot be guaranteed.**

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_  
(child’s name) with date of birth \_\_\_\_\_ (child’s date of birth, YYYY/MM/DD),  
attest that I have watched the entire “Vaccine Education Video” by the Ontario Ministry  
of Health and that I did not fast-forward or skip any part of the video. I understand that  
watching the “Vaccine Education Video” is a requirement from the Ontario Ministry of  
Health and that my local public health unit (Ottawa Public Health) cannot process the  
“Statement of Conscience and Religious Belief – Immunization of School Pupils Act”  
form without this requirement fulfilled.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By submitting this form, I certify that the statements I have made and the information I  
have disclosed in this form are true, complete, and correct.