Dear Parents/Carers

The Public Health Act 1997 includes a section on childhood notifiable diseases, which requires schools to undertake specific action.

The Act asks schools to request from parents one of the following:

1. an approved immunisation certificate, from either your doctor or the local Council, indicating that your son or daughter has been immunised against diphtheria, *Haemophilus influenzae* type b (Hib), measles, mumps, pertussis (whooping cough), poliomyelitis, rubella (German measles) and tetanus;

2. an approved immunisation certificate stating that your son or daughter has not been immunised against one or more of the diseases because of possible adverse reactions;

3. a statutory declaration stating that you believe that your son or daughter has received the approved immunisation but you are unable to produce an approved certificate or other proof of immunisation program (form is on the reverse side of this letter);

4. a statutory declaration stating that you have a conscientious objection to the immunisation program.

If a declared outbreak of any of the above diseases occurs in the College, students who are not immunised may be required to stay away from school until the outbreak is over.

Please provide the necessary documentation at your earliest convenience.

Thank you in anticipation.
TASMANIA

STATUTORY DECLARATION

I ___________________________________________________________

of __________________________________________________________

_________________________________________________________ in Tasmania

do solemnly and sincerely declare that:

1. I am the parent/carer of _____________________________________________

2. I believe that my said child’s immunisation status in respect of each of the diseases listed
below is as specified (Please circle):

<table>
<thead>
<tr>
<th>Disease</th>
<th>Yes/No</th>
<th>Date given (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>yes/no</td>
<td>_____________</td>
</tr>
<tr>
<td>Mumps</td>
<td>yes/no</td>
<td>_____________</td>
</tr>
<tr>
<td>Pertussis (whooping cough)</td>
<td>yes/no</td>
<td>_____________</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>yes/no</td>
<td>_____________</td>
</tr>
<tr>
<td>Polio</td>
<td>yes/no</td>
<td>_____________</td>
</tr>
<tr>
<td>Measles</td>
<td>yes/no</td>
<td>_____________</td>
</tr>
<tr>
<td>Haemophilus influenza type B</td>
<td>yes/no</td>
<td>_____________</td>
</tr>
</tbody>
</table>

3. I conscientiously object to having my child immunised. yes/no

AND I make this solemn declaration under Section 14 of the Oaths Act 2001

Signed: ______________________________________________________

Declared at __________________________________________________

on ___________________________________ before me

________________________________________ (Justice, commissioner for declaration or
authorised person)