



OFFICE USE ONLY:

It is our expectation that upon registration at SMUS, all students are expected to be up-to-date on immunizations to the standards of the BC College of Physicians. With deference to the current Ministry of Education immunization expectations, if your son or daughter is not immunized, please explain the reason(s) why this is the case, then sign, date and return this affidavit. Please note that students who are not immunized to the required level may be at risk of not being admitted to SMUS.

Please refer to the BC Routine Immunization Schedule available on the SMUS website.

**Student Information**

STUDENT GIVEN NAME(S)		SURNAME / LAST NAME	
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTH DATE <i>Day</i> / <i>Month</i> / <i>Year</i>	CURRENT GRADE	

Please provide the reason(s) why your son or daughter is not immunized to the standards of the BC College of Physicians.

[Large empty box for providing reasons for non-immunization]

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

**Return this form to the Admissions Department at [admissions@smus.ca](mailto:admissions@smus.ca)**