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IMMUNIZATION EXEMPTION

Students who claim exemption may be kept out of classes during the course of a disease outbreak if it is determined that such students are at risk for getting that disease and transmitting it to other student. The length of time a student is excluded from classes will vary depending on the disease and can range from several days to more than a month.

STUDENT INFORMATION

ALL FIELDS MUST BE COMPTLETED

LAST NAME		FIRST NAME		MIDDLE NAME	MIDDLE NAME	
ADDRESS						
TELEPHONE		EMAIL				
STUDENT ID				DATE OF BIRTH		
STODENTID				DATE OF BIRTH		
l am requesting	g an exemption	n from the followi	ng im	nmunization(s): (Check	c all that	
apply)				• •		
□ N	1MR (Measles,	Mumps, Rubella)		Meningococcal		
	TDD /T . D: .! . D			Hepatitis		
				TB TEST		
□ Varicella				15 1251		
	en the physician determ	. ,		statement that immunization may be nental to the health of the child, the d		
NAME OF PHYSICIAN			PHONE NUMBER			
PHYSICIAN ADDRESS						
PHYSICIAN SIGNATURE			DATE			
RELIGIOUS EXE	MPTION					
Children need not be immu basis of strong moral or eth			cts in writi	ing to the immunization on religious	grounds or on the	
STUDENT SIGNATURE				DATE		
SIGNATURE OF GUARDIAN (IF STUDENT IS UNDER 18)						
The provisions of this § 23.84 amender		Source ctive August 1, 1983, 12 Pa.B. 3288; amended A	ugust 22, 1997	, effective August 23, 1997, 27 Pa.B. 4317. Immediatel	ly preceding text appears a	