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 students. 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 COMPLETED

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<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
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<thead>
<tr>
<th>ADDRESS</th>
<th>TELEPHONE</th>
<th>EMAIL</th>
<th>STUDENT ID</th>
<th>DATE OF BIRTH</th>
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I am requesting an exemption from the following immunization(s): (Check all that apply)

- □ MMR (Measles, Mumps, Rubella)
- □ TDP (Tetnus, Diptheria, Pertussis)
- □ Meningitis
- □ Varicella
- □ Meningococcal
- □ Hepatitis
- □ TB TEST
- □ COVID-19

MEDICAL EXEMPTION
Children need not be immunized if a physician or the physician’s designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.

NAME OF PHYSICIAN ___________________________ PHONE NUMBER __________________

PHYSICIAN ADDRESS ____________________________________________________________________________

PHYSICIAN SIGNATURE ______________________________________________________ DATE ______________ |

RELIGIOUS EXEMPTION
Children need not be immunized if the parent, guardian, or emancipated child objects in writing to the immunization on religious grounds or on the basis of strong moral or ethical conviction similar to religious belief.

STUDENT SIGNATURE ______________________________________________________ DATE ______________ |

SIGNATURE OF GUARDIAN (IF STUDENT IS UNDER 18) __________________________ DATE ______________ |

Source

Cross References