

Statement of Exemption to Immunization Law

Commonwealth of Pennsylvania

Name _____ Date of Birth _____

Address _____

Phone _____ Grade _____

Medical Exemption^(a) The physical condition of the above named child is such that immunizations would endanger life or health.

Other Comment: _____

Physician Signature: _____ Date: _____

Religious Exemption^(b) (Includes a strong moral or ethical conviction similar to a religious belief.)

Parent or guardian of the above name child adheres to a religious belief whose teachings are opposed to such immunizations OR holds a strong moral or ethical conviction similar to a religious belief that is opposed to such immunizations.

Other Comments/Explanation: _____

Signature Parent/Guardian: _____ Date: _____

PA 28§ 23.84. Exemption for immunization.

(a) *Medical exemption.* Children need not be immunized if a physician or 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.

(b) *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 a strong moral or ethical conviction similar to a religious belief.

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| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Patient ID number</i> |
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Patient Name</i> |

IMMUNIZATION RELIGIOUS EXEMPTION FORM

INSTRUCTIONS TO PARENTS OR GUARDIANS:

Vaccine preventable diseases continue to exist. Immunizations are one of the most cost effective measures to protect children, adolescents, and adults from harmful vaccine preventable diseases and possible death. A high proportion of children and adolescents must be immunized to prevent outbreaks of disease in school settings and other places where children and adolescents are educated, work, and play close together.

A parent or guardian wishing to exempt their child from some or all vaccinations must provide a written statement indicating the religious objections to the vaccination(s). A person who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. This person may be subject to exclusion from school, group facilities or other programs, if the local and/or state public health authority advises exclusion as a disease control measure.

By signing this religious exemption form, I acknowledge that I have been educated and received materials regarding the benefits of vaccination. I have had an opportunity to ask questions which were answered to my satisfaction. I further acknowledge that I may be placing myself or my child and others at risk of serious illness should my child contract a disease that could have been prevented through proper vaccination. I feel I understand the risks associated with not receiving the vaccines checked below. I also give permission to share my immunization record and /or Certificate of Religious Exemption with facilities or institutions, which are required by law to have such records and with my other health care provider(s).

PLEASE PRINT

All information must be filled in below:

I swear or affirm that I object to having my child, named _____,

date of birth _____, immunized with the vaccines that I have checked below:

- DTaP, DT, Td, Tdap (Diphtheria, Tetanus, acellular Pertussis)
- Haemophilus influenzae* type b
- Hepatitis B
- Meningococcal
- MMR (Measles, Mumps, Rubella)
- Pneumococcal Conjugate
- Polio
- Varicella (chickenpox)

Reason: _____

Parent(s)/Guardian(s) Name(s): _____

Signature of parent, or guardian

Date signed

Signature of physician, APRN, PA, pharmacist, LHD administrator, or RN designee

Date signed