

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

MIDDLE NAME

FIRST NAME

ADDRESS					1	
TELEPHONE			EMAIL			
STUDENT ID			DATE OF BIRTH			
l am red	uesti	ing an exemption	on from the followi	ng immu	unization(s): (Check all	that
apply)	•			J		
		NANAD /NA l	N4 D. I II. \			7
		□ MMR (Measles, Mumps, Rubella)		□ Meningococcal		
	☐ TDP (Tetnaus, Diptheria, Pertu			☐ Hepatitis		
		Meningitis		□ TB TEST		
		Varicella			VID-19	
Children need the health of	l not be in the child.				ment that immunization may be deti I to the health of the child, the child s	
NAME OF PHYSICIAN				PHONE NUMBER		
PHYSICIAN SIGNATURE				DATE		
Children need	not be in	XEMPTION nmunized if the parent, gue or ethical conviction similar		cts in writing to	the immunization on religious grou	nds or on the
STUDENT SIGNATURE				DATE		
SIGNATURE OF GUARDIAN (IF STUDENT IS UNDER 18)				DATE		
The provisions of t serial pages (164332			Source fective August 1, 1983, 12 Pa.B. 3288; amended A	ugust 22, 1997, effectiv	ve August 23, 1997, 27 Pa.B. 4317. Immediately precedent	ding text appears at

Cross References

This section cited in 22 Pa. Code § 51.13 (relating to immunization); 22 Pa. Code § 405.49 (relating to immunizations); 28 Pa. code § 23.83 (relating to immunization requirements); 28 Pa. Code § 23.85 (relating to responsibilities of schools and school administrators); and 28 Pa. Code § 27.77 (relating to immunization requirements for children in child care group settings).

LAST NAME