

Child's Name: _____

IDAHO SCHOOL IMMUNIZATION REQUIREMENTS EXEMPTION

In the event of a disease outbreak, a child exempted from Idaho school immunization requirements may be excluded from school for the duration of the outbreak, both for his/her own protection and for the protection of others. Please check the box(es) below, and date each line regarding all vaccine-preventable diseases for which an exemption is claimed.

<input type="checkbox"/> Diphtheria (DTaP, Tdap, Td)	_____	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Tetanus (DTaP, Tdap, Td)	_____	<input type="checkbox"/> Hepatitis B	_____
<input type="checkbox"/> Pertussis (Whooping Cough) (DTaP, Tdap)	_____	<input type="checkbox"/> Hepatitis A	_____
<input type="checkbox"/> Measles (MMR)	_____	<input type="checkbox"/> Meningococcal	_____
<input type="checkbox"/> Mumps (MMR)	_____	<input type="checkbox"/> Varicella (Chickenpox)	_____
<input type="checkbox"/> Rubella (German Measles) (MMR)	_____	<input type="checkbox"/> Varicella Disease History: My child has had chickenpox, but was <u>not</u> diagnosed by a licensed healthcare professional	_____

MEDICAL EXEMPTION (This exemption requires the signature of a licensed physician.)

As the child's physician, I certify that the physical condition of this child is such that the immunization(s) checked above would endanger the health of the child.

This medical exemption is permanent.
 This medical exemption is temporary. Duration of temporary exemption: _____ / _____ / _____

I hereby request that this child be exempted from the Immunization Requirements for Idaho School Children (IDAPA 16.02.15) due to a medical condition for which immunizations are contraindicated.

Name of Physician (PRINT) _____ Signature of Physician _____ Medical License # _____ Date _____

As the child's parent/guardian, I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak, both for his/her own protection and for the protection of others. I am aware that my child may contract a vaccine-preventable disease.

Name of Parent/Guardian (PRINT) _____ Signature of Parent/Guardian _____ Date _____

Full Name of Exempted Child (PRINT) _____ Child's Date of Birth (Month, Day, Year) _____

RELIGIOUS/OTHER EXEMPTION

As the child's parent/guardian, I am exempting for religious or other reasons. I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak, both for his/her own protection and for the protection of others. I am aware that my child may contract a vaccine-preventable disease.

Name of Parent/Guardian (PRINT) _____ Signature of Parent/Guardian _____ Date _____

Full Name of Exempted Child (PRINT) _____ Child's Date of Birth (Month, Day, Year) _____

