CHILD'S NAME: _____ DATE OF BIRTH ____/____/_____

Full Name of Child (PRINT) MM DD YYYY

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. Please check the box(es) below for each vaccine-preventable diseases for which an exemption is claimed.

- ☐ **Diphtheria (DTaP, Tdap, Td)**
- ☐ **Tetanus (DTaP, Tdap, Td)**
- ☐ **Pertussis (Whooping Cough) (DTaP, Tdap)**
- ☐ **Measles (MMR)**
- ☐ **Mumps (MMR)**
- ☐ **Rubella (German Measles) (MMR)**
- ☐ **Polio (IPV)**
- ☐ **Hepatitis B**
- ☐ **Hepatitis A**
- ☐ **Meningococcal**
- ☐ **Varicella (Chickenpox)**
  - ☐ **Varicella Disease History:** My child has had chickenpox but was not diagnosed by a licensed healthcare professional
- ☐ **All required immunizations**

☐ **I decline to provide details regarding my child's immunization status.**
NOTE: Your child will be considered exempt from all required school immunizations.

☐ **MEDICAL EXEMPTION (Requires the signature of a licensed physician)**
As this 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 Licensed Healthcare Provider (PRINT) Signature of Licensed Healthcare Provider Date (MM/DD/YYYY)

☐ **RELIGIOUS/OTHER EXEMPTION** As the child's parent/guardian, I am exempting for religious or other reasons.

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. By signing this form, I am not waiving any of my child's rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

_____ _____ ____/____/_____

Name of Parent/Guardian (PRINT) Signature of Parent/Guardian Date (MM/DD/YYYY)

_____ _____/_____/_____

Full Name of Exempted Child (PRINT) Child's Date of Birth (MM/DD/YYYY))

Parents/guardians may include a signed written statement regarding religious/other exemptions on the back of this document

OPTIONAL STATEMENT

As the child's parent/guardian, I exempt my child from school immunizations for the following reason(s):

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. By signing this form, I am not waiving any of my child's rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

_____	_____	_____/ _____/ _____
Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian	Date (MM/DD/YYYY)
_____	_____/_____/ _____	
Full Name of Exempted Child (PRINT)	Child's Date of Birth (MM/DD/YYYY))	