



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.

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|--|-------|---|-------|
| <input type="checkbox"/> Diphtheria (DTaP, Tdap, Td) | _____ | <input type="checkbox"/> Polio | _____ |
| | Date | | Date |
| <input type="checkbox"/> Tetanus (DTaP, Tdap, Td) | _____ | <input type="checkbox"/> Hepatitis B | _____ |
| | Date | | Date |
| <input type="checkbox"/> Pertussis (Whooping Cough) (DTaP, Tdap) | _____ | <input type="checkbox"/> Hepatitis A | _____ |
| | Date | | Date |
| <input type="checkbox"/> Measles (MMR) | _____ | <input type="checkbox"/> Meningococcal | _____ |
| | Date | | Date |
| <input type="checkbox"/> Mumps (MMR) | _____ | <input type="checkbox"/> Varicella (Chickenpox) | _____ |
| | Date | | Date |
| <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 | _____ |
| | Date | | Date |

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