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. Please check the box(es) below, and date each line regarding all vaccine-preventable diseases for which an exemption is claimed.

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

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

☐ 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.

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.

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

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

OPTIONAL: Parents/guardians may include a signed written statement regarding religious/other exemptions on the back/Page 2 of this document, or attached.

OPTIONAL STATEMENT:

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

_____

_____

_____

_____

_____

_____

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