

Statement of Exemption to Immunization Law
Commonwealth of Pennsylvania

Name _____ Date of Birth ____ / ____ / ____ Age ____

Address _____

Phone _____ Grade entering in fall _____

Parent/Guardian _____

Parent/Guardian _____

Please check applicable exemption below.

Medical Exemption^(a) The physical condition of the above named child is such that immunizations would endanger life or health.

Other comment(s): _____

Physician Signature _____ Date ____ / ____ / ____

Religious Exemption^(b) (Includes a strong moral or ethical conviction similar to a religious belief.)
Parent or guardian of the above name child adheres to a religious belief whose teachings are opposed to such immunizations OR holds a strong moral or ethical conviction similar to a religious belief that is opposed to such immunizations.

Other Comments/Explanation: _____

Signature Parent/Guardian _____ Date ____ / ____ / ____

Signature Parent/Guardian _____ Date ____ / ____ / ____

PA 28§ 23.84. Exemption for immunization.

(a) *Medical exemption.* Children need not be immunized if a physician or designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.

(b) *Religious exemption.* Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.