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. 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

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. 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

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.

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