

CERTIFICATE OF EXEMPTION

Please read instructions on the reverse of this certificate before completing

Name of Child (Please Print)	Birthdate	Name of School or Day Care	Grade
City	Zip	County	School Year
School District	Parent or Guardian's Name		

TYPE OF EXEMPTION

1. MEDICAL CONTRAINDICATION:

I hereby certify that immunization(s) specified below are medically contraindicated for the above named child.

Immunization(s)	Immunization(s)
Specify Contraindications	Signature of physician

2. RELIGIOUS OBJECTION:

I hereby certify that immunization is contrary to the teachings of the above named child's religion.

Signature of religious leader or parent

3. PERSONAL OBJECTION:

I hereby certify that immunization is contrary to my beliefs. As the parent or legal guardian of the above child I request an exemption to the immunization requirements for school, day care or Head Start center attendance. I have written a brief summary of my objections in the space provided below. I understand that lost records are not grounds for an exemption. I also understand that in the event of a disease outbreak in the school or day care my child may have to be excluded for his or her protection and for the protection of the other children in the school or day care.

Briefly summarize your objections in this space: I (we) as parents do not believe that vaccines are 100% safe nor 100% effective.

4. Please check which immunizations this exemption applies to:

- | | | |
|--|---|--|
| <input type="checkbox"/> MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib (Haemophilus Influenzae type B) |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis A | <input checked="" type="checkbox"/> All |
| <input type="checkbox"/> DTaP/Td (Diphtheria, Tetanus & Pertussis) | <input type="checkbox"/> Varicella (Chickenpox) | |

Signature of parent or guardian

The school or day care should keep one copy of this form and mail the original copy to:

Oklahoma State Department of Health
Immunization Division - 0306
1000 N.E. 10th St.
Oklahoma City, Oklahoma 73117-1299

INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF EXEMPTION

Oklahoma law requires that parents of all children attending school, daycare centers and Head Start Centers in this state submit acceptable evidence of adequate immunization. Such evidence is required before the child is allowed to enter or attend school or daycare. Children with specific medical contraindications to any or all immunizations may be allowed to attend if statement is signed by a licensed physician and submitted to the school or daycare. Children whose parents have objections to immunizations based on religious teachings or personal beliefs may also be granted exemption.

Copies of immunization records of any CERTIFICATE of Exemption must be on file with the school or daycare and available for review by school or health officials.

PARENTS WITH LOST IMMUNIZATION RECORDS

Lost immunization records are not grounds for an exemption to the Oklahoma Law. Parents who have lost their children's records should be referred to their local health department or family physician. The nurse or doctor can interpret the past immunization history and provide any needed immunizations and create a new record for the parent that can be submitted to the school or daycare and transcribe for the student's record.

EXCLUSION DURING A DISEASE OUTBREAK

A disease outbreak in school or daycare will very likely result in exposure of children attending on the basis of an exemption. These children are very likely to be susceptible to the diseases and therefore may have to be excluded for the duration of any outbreak for their own health and for the health of the other children. Parents should be informed of this possibility before signing a Certificate of Exemption.

A complete copy of the Certificate of Exemption should be mailed to the Immunization Program in Oklahoma City to enable the Immunization Program staff to review all exemptions and keep them on file. These will be used for reference should a disease outbreak occur in that area of the state.

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Briefly summarize your objections in this space: _____

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