

CHILD'S NAME: _____ DATE OF BIRTH _____
Full Name of Child (PRINT) MM DD YYYY



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 for each vaccine-preventable diseases for which an exemption is claimed.

- | | |
|--|---|
| <input type="checkbox"/> Diphtheria (DTaP, Tdap, Td) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Tetanus (DTaP, Tdap, Td) | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Pertussis (Whooping Cough) (DTaP, Tdap) | <input type="checkbox"/> Meningococcal |
| <input type="checkbox"/> Measles (MMR) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Mumps (MMR) | <input type="checkbox"/> Varicella Disease History: My child has had |
| <input type="checkbox"/> Rubella (German Measles) (MMR) | <input type="checkbox"/> chickenpox but was not diagnosed by a licensed healthcare professional |
| <input type="checkbox"/> Polio (IPV) | <input type="checkbox"/> All required immunizations |

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

☐ **MEDICAL EXEMPTION (Requires the signature of a licensed physician)**

As this 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 Licensed Healthcare Provider (PRINT)

Signature of Licensed Healthcare Provider

_____/_____/_____
Date (MM/DD/YYYY)

☐ **RELIGIOUS/OTHER EXEMPTION** As the child's parent/guardian, I am exempting for religious or other reasons.

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 (MM/DD/YYYY)

Full Name of Exempted Child (PRINT)

_____/_____/_____
Child's Date of Birth (MM/DD/YYYY)

Parents/guardians may include a signed written statement regarding religious/other exemptions on the back of this document

OPTIONAL STATEMENT

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 (MM/DD/YYYY)

Full Name of Exempted Child (PRINT)

____/____/____
Child's Date of Birth (MM/DD/YYYY))