



Twin Valley School District
4851 North Twin Valley Road
Elverson, PA 19520
(610) 286-8600

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

NAME _____ BIRTH DATE _____

ADDRESS _____

PARENT/GUARDIAN _____

PHONE NUMBER _____

MEDICAL EXEMPTION

The physical condition of the above named child is such that immunization would endanger life or health.

SIGNED BY PHYSICIAN _____ DATE _____

RELIGIOUS EXEMPTION

State your reason for requesting this exemption.

**PHILOSOPHICAL/STRONG MORAL OR ETHICAL CONVICTION
EXEMPTION**

State your reason for requesting this exemption.

Signed by Parent/Guardian _____ Date _____

My child is exempt from the following immunizations:

All Students

- 4 doses of Tetanus and Diphtheria (1 dose on or after the 4th birthday)
- 4 dose of polio (last dose on or after the 4th birthday)
- 2 dose of Measles, Mumps, Rubella (usually given as MMR)
- 3 doses or hepatitis B
- 2 doses of Varicella (chickenpox) or history of disease
- All vaccines listed above

Students in 7th Grade

- 1 dose of Tetanus, Diphtheria, Pertussis (Tdap)
- 1 dose of meningococcal conjugate vaccine (MCV)

Students in 12th Grade

- 2 dose of MCV (1 dose for 7th grade, 2nd dose for 12th grade entry)