

Commonwealth of Kentucky

Parent or Guardian's Declination on Religious Grounds to Required Immunizations

The Centers for Disease Control and Prevention (CDC) and Kentucky Department for Public Health (KDPH) recognize immunization as one of the most effective tools in preventing disease and reducing the risks associated with exposure to certain diseases. KRS 214.036 requires parents who object to immunization of their child to provide a written sworn statement objecting to immunization of the child on religious grounds.

Place an "X" in a box or boxes to the left of each disease, listed below, for which you object to your child receiving the immunization. Initial and date the box on the right.

<input type="checkbox"/>	Hepatitis B: According to the CDC and KDPH, serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, or death.	Initials _____ Date _____
<input type="checkbox"/>	Diphtheria (DTaP, DT, Tdap, Td): According to the CDC and KDPH, serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, or death.	Initials _____ Date _____
<input type="checkbox"/>	Tetanus (DTaP, DT, Tdap, Td): According to the CDC and KDPH, serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, or death.	Initials _____ Date _____
<input type="checkbox"/>	Pertussis (Whooping Cough) (DTaP, Tdap): According to the CDC and KDPH, serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, or death.	Initials _____ Date _____
<input type="checkbox"/>	Haemophilus influenzae type b (Hib): According to the CDC and KDPH, serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, or death.	Initials _____ Date _____
<input type="checkbox"/>	Pneumococcal: According to the CDC and KDPH, serious symptoms and effects of this disease include: chest pain with rapid breathing or difficulty breathing, a high fever, shaking, chills, excessive sweating, fatigue, confusion, and a cough with phlegm that persists or worsens, pneumonia, brain damage, or death.	Initials _____ Date _____
<input type="checkbox"/>	Polio: According to the CDC and KDPH, serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, or death.	Initials _____ Date _____
<input type="checkbox"/>	Measles, Mumps, Rubella (MMR): According to the CDC and KDPH, serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, or death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, or death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, or learning disability.	Initials _____ Date _____
<input type="checkbox"/>	Varicella (Chickenpox): According to the CDC and KDPH, serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, or death.	Initials _____ Date _____
<input type="checkbox"/>	Hepatitis A: According to the CDC and KDPH, serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, or death.	Initials _____ Date _____
<input type="checkbox"/>	Meningococcal: According to the CDC and KDPH, serious symptoms and effects of this disease include: severe headache, stiff neck, confusion, seizures (jerking and staring), high fever, nausea and vomiting, sensitivity of eyes to light, hearing loss, pneumonia, brain damage, or death.	Initials _____ Date _____

Due to my religious beliefs, I object to my child receiving the required immunizations selected above. I am aware that if I change my mind, I can rescind this objection and obtain immunizations for my child. Initials _____

- Additional information about vaccine preventable diseases, immunizations and reduced or no cost immunization services is available from the local health department in each county.
- In the event that the county health department or state health department declares an outbreak of a vaccine-preventable disease for which proof of immunity for a child cannot be provided, he or she may not be allowed to attend childcare or school for up to three (3) weeks, or until the risk period ends.

Child's Name _____
Last First Middle

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

Parent Signature _____

Date _____
MM/DD/YYYY

To be completed by Notary Public

STATE OF _____)
 COUNTY OF _____)

Subscribed, sworn to or affirmed under oath and acknowledged before me, a Notary Public in and for the state and county aforesaid by _____, on this the _____ day of _____, 20____.

 Notary Public, State at Large

My Commission Expires: _____





COMMONWEALTH OF KENTUCKY
CERTIFICATE OF RELIGIOUS EXEMPTION

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle)

Name of Parent of Guardian: _____

Address: _____
(Street) (City) (State) (Zip code)

**THE ABOVE NAMED CHILD IS HEREBY GRANTED A RELIGIOUS EXEMPTION FROM THE
REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY IN THE COMMONWEALTH OF KENTUCKY.**

(Signature of physician, APRN, PA, pharmacist, LHD administrator, or nurse designee) (Date)

(Name of Office or Licensed Healthcare Facility)

**This certificate should be presented to the school or facility in which the child intends to enroll and
should be retained by the school or facility and filed with the child's health record.**