

CERTIFICATE OF EXEMPTION

Name of Child

Birth Date

Name of School

Grade

Home Address

Parent or Guardian's Name

Telephone

TYPE OF EXEMPTION

1. MEDICAL CONTRAINDICATION:

I hereby certify that the 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 teaching of the above-named child's religion.

Signature of religious leader

3. PERSONAL OBJECTION:

I hereby certify that immunization is contrary to my beliefs. As a parent or legal guardian of the above-named child I request an exemption to the immunization requirement 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 exemption. I also understand that in the event of a disease outbreak in the school my child may have to be excluded for his or her protection and for the protection of the other children in school.

Summarize briefly your objections in this space: _____

Signature of parent or guardian

Please mail a completed copy of this form to:

**Oklahoma State Department of Health
Immunization Program
P. O. Box 53551
Oklahoma City, Oklahoma 73152**