

INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF EXEMPTION

Oklahoma law requires that parents of all children attending School, Child Care Facilities, and Head Start in this state submit acceptable evidence of adequate immunization. Such evidence is required before the child is allowed to enter or attend School, Child Care or Head Start. Children with specific medical contraindications to any or all immunizations may be allowed to attend if the medical reason is stated and this statement is signed by a licensed physician and submitted to the School, Child Care Facility or Head Start. Children whose parents have objections to immunizations based on religious teachings or personal beliefs can also apply for an exemption.

Copies of immunization records and any Certificate of Exemption must be on file with the School, Child Care Facility or Head Start and available for review.

FORM REQUIRED: Children enrolled in School, Child Care or Head Start.

FORM NOT REQUIRED: Children *not* enrolled in School, Child Care or Head Start.

- This form **must** be appropriately completed and signed or it will be denied.
- This form is to be submitted by the parent, to the School, Child Care Facility or Head Start.
- The School, Child Care Facility or Head Start will submit the form to Immunization Service.
- Forms submitted by the Parent/Guardian will not be considered.

LOST IMMUNIZATION RECORDS

Lost immunizations records are not grounds for an exemption to the Oklahoma Law. Parents who have lost their child'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 record for the parent that can be submitted to the School, Child Care Facility or Head Start and transcribed for the student's record.

EXCLUSION DURING A DISEASE OUTBREAK

A disease outbreak in a School, Child Care Facility or Head Start 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 completed copy of the Certificate of Exemption must be mailed by the School,
Child Care Facility or Head Start to the Immunization Service to review all exemptions.*

CERTIFICATE OF EXEMPTION

Please read instructions on the reverse of this certificate before completing.
All entries must be legible or form will be returned. Please print unless signature is required.

_____ Name of Child (Last, First, MI)		_____ Birth Date	_____ Name of School / Child Care Facility / Head Start		
_____ Parent/Guardian's Name		_____ School Year	_____ Grade	_____ Facility Phone Number	_____ School District
_____ Parent Phone Number	_____ County	_____ City		_____ Zip	

TYPE OF EXEMPTION (Complete either section 1, 2 or 3 and sections 4 & 5)

1. MEDICAL CONTRAINDICATION:

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

Immunization(s) State the condition that would endanger the life or health of the child.

Printed name of Physician Signature of Physician

Address of Physician Phone number of Physician

2. RELIGIOUS OBJECTION:

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

Printed name of Religious Leader or Parent/Guardian Signature of Religious Leader or Parent/Guardian

3. PERSONAL OBJECTION:

I hereby certify that immunization is contrary to my beliefs. As the parent or legal guardian of the above named child, I request an exemption to the immunization requirements for School, Child Care Facility or Head Start 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.**

REQUIRED: Summary of Objections: (Limited to 600 characters.)

4. Please check which immunizations this exemption applies to:

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

5. Acknowledgement

I understand that in the event of a disease outbreak in the School, Child Care Facility or Head Start, my child may have to be excluded for his/her protection and for the protection of the other children in the School, Child Care Facility or Head Start.

Printed name of Parent/Guardian Signature of Parent/Guardian Date

ATTENTION: PARENT/GUARDIAN – This form is to be submitted to the School, Child Care Facility or Head Start.

The School, Child Care Facility or Head Start should keep a copy of this form and mail the original to:

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