

# 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	Birth Country	Birth State	
Parent or Guardian's Name		Mother's Maiden Name		Parent's Street Address	
County	City	State	Zip Code	Parent Phone Number	
Name of School, Child Care Facility or Head Start		School District	School Year	School Grade	Facility Phone Number
Race (select up to 3):			Ethnicity (select 1):		Child's Gender: Male Female
<input type="checkbox"/> Alaskan Native or American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
			<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	

## 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<br>(Diphtheria, Tetanus & Pertussis) | <input type="checkbox"/> Hib<br>(Haemophilus Influenzae type B) | <input type="checkbox"/> Polio                  |
| <input type="checkbox"/> Hepatitis A                                       | <input type="checkbox"/> MMR<br>(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 **Immunization Service by the parent.**

**Oklahoma State Department of Health  
Immunization Service  
123 Robert S Kerr, Suite 1702  
Oklahoma City, Oklahoma 73102-6406**

This section reserved for use by OSDH.

## **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 Immunization Service.**
- **The School, Child Care Facility or Head Start will keep a copy of the approved form submitted by the parent.**
- **Parent understands that lost records are not grounds for an exemption.**

### **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 parent to the ,  
Oklahoma State Department of Health Immunization Service to review all exemptions.*