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		Parent Phone Number	
Name of School, Child Care Facility or Head Start Race (select up to 3):				School Year Ethnicity (select	1):	Facility Phone Number Child's Gender: Male	
	Alaskan Native Asian Black or or American Indian African Americ	Native Hawaiian an Pacific Islander	or White Other		Hispanic Not I or Latino or I	Iispanic Latino	Female
TY	PE OF EXEMPTION		(Co	mplete either sec	ction 1, 2 or 3	3 and sections 4 & 5	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 th				endanger the li	fe or health of the child	d.
	Printed name of Physician		Signature of	Physician			
	Address of Physician		Phone numbe	r of Physician			
2.	RELIGIOUS OBJECTION: I hereby certify that immunization is contrary to the teachings of the above named child's religion.						
3.	Printed name of Religious Leader or Parent/Gus PERSONAL OBJECTION: I hereby certify that immunization is contrary to exemption to the immunization requirements for	o my beliefs.	As the parent of		the above nam	ned child, I request an	NFV.
	PERSONAL OBJECTION:	o my beliefs. or School, Chi I understand	As the parent of the last last last last reco	or legal guardian of y or Head Start atte	the above nam	ned child, I request an	ury
	PERSONAL OBJECTION: I hereby certify that immunization is contrary t exemption to the immunization requirements for my objections in the space provided below.	o my beliefs. or School, Chi I understand	As the parent of the last last last last reco	or legal guardian of y or Head Start atte	the above nam	ned child, I request an	nry
3.	PERSONAL OBJECTION: I hereby certify that immunization is contrary t exemption to the immunization requirements for my objections in the space provided below. REQUIRED: Summary of Objections: (Limited Please check which immunizations this example of the contract of the	o my beliefs. or School, Chi I understand ad to 600 char	As the parent of the Care Facility I that lost reco	or legal guardian of y or Head Start atte	the above namendance. I have ds for an exen	ned child, I request an	nry
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Oklahoma State Department of Health

For forms, visit: http://imm.health.ok.gov

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 <u>must</u> 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.