Statement of Exemption to Immunization Law

Commonwealth of Pennsylvania

Name:	Date of Birth:	Age:
Address:		
Phone:		
Circle Present Grade: PreK K 1 2 3 4 5 6 7 8 9 10 11 12 Sp.	Ed.	
Parent/Guardian:		
Parent/Guardian:		
Medical Exemption(a)		
The physical condition of the above na or health.	amed child is such that immuniz	ations would endanger life
Comments/Explanation:		
Physician Signature:		_ Date:
Religious Exemption(b) (Includes a belief.)	strong moral or ethical conviction	on similar to a religious
Parent or guardian of the above name opposed to such immunizations OR he religious belief that is opposed to such	olds a strong moral or ethical co	
Comments/Explanation:		
		Date:
Signature Parent/Guardian:		

PA 28§ 23.84. Exemption for immunization.

- (a) Medical exemption. Children need not be immunized if a physician or designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.
- (b) Religious exemption. Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.