



**Statement of Exemption to Immunization Law
Commonwealth of Pennsylvania**

Students Name: _____ Date of Birth: _____

- Medical Exemption** ^(a) The physical condition of the above-named child is such that immunizations would endanger life or health. **A Doctor's signature is required.**

Physician Signature: _____ Date: _____

- Religious Exemption** ^(b) (religious belief whose teachings are opposed to such immunizations)
- Ethical Exemption** (philosophical objection to immunizations because of personal, moral or other beliefs)

The student mentioned above is exempt from the following immunizations:

All Students:

- 4 doses of Tetanus and Diphtheria
- 4 doses of polio
- 2 doses of Measles, Mumps, Rubella
- 3 doses of hepatitis B
- 2 doses of Varicella

7th Grade Students:

- 1 dose of Tetanus, Diphtheria, Pertussis (Tdap)
- 1 dose of meningococcal conjugate vaccine (MCV)

12th Grade Students:

- 2nd dose of MCV

- All Vaccines Listed

Parent/Guardian Signature: _____ Date: _____

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.