

Harvest Baptist Academy

224 Harvest Lane, Natrona Heights, PA 15065
724-295-0607

MEDICAL IMMUNIZATION EXEMPTION

(for 20__ -20__ School Year)

This form is to be completed only if parents have declined immunizations. There are two options for exemption from immunizations (§28 PA. CODE CH.23). Please indicate the option you have selected and include your physician's signature or explanation of religious exemption as applicable.

Student Name: _____ Date of Birth: _____
Address: _____ Telephone: _____
City: _____ State: _____ ZIP: _____
Name of Parent or Guardian: _____

Please circle present grade: K 1 2 3 4 5 6 7 8 9 10 11 12

EXEMPTION OPTION #1

Statement of Medical Exemption to Immunization Law:

_____ The physical condition of the above named child is such that immunization would endanger life or health.

Physician's Signature

Date

EXEMPTION OPTION #2

Statement of Religious Exemption to Immunization Law:

The parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations. (This includes a strong moral or ethical conviction similar to a religious belief.)

State your reason for requesting a religious exemption:

Signature of Parent or Guardian: _____ Date: _____

§ 23.84. Exemption from immunization. [28 PA. CODE CH.23]

(a) Medical exemption. Children need not be immunized if a physician or the physician's 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.