Child's Name:					
IDAHO SCHOOL IMMU	INIZATION REC	QUIREMENTS E	XEMPTION		
In the event of a disease outbreak, a child exempte for the duration of the outbreak. Please check the which an exemption is claimed.					
☐ Diphtheria (DTaP, Tdap, Td)		Hepatitis B	 Date		
☐ Tetanus (DTaP, Tdap, Td)	Date	Hepatitis A	 Date		
☐ Pertussis (Whooping Cough) (DTaP, Tdap)	Date	Meningococcal			
☐ Measles (MMR)	Date	Varicella (Chickenpox)	Date		
□ Mumps (MMR)	Date	☐ Varicella Disease Histo			
	Date	chickenpox but was not dia healthcare professional.	gnosed by a licensed		
□ Rubella (German Measles) (MMR)	Date	All required immunization			
□ Polio	Date	All required illillullization	Date		
☐ I decline to provide details regarding my child's exemption status. NOTE: Your child will be considered exempt from all required school immunizations.					
☐ This medical exemption is temporary. D I hereby request that this child be exempted from the I medical condition for which immunizations are contrain	Immunization Requirement		(IDAPA 16.02.15) due to a		
Name of Physician (PRINT)	Signature of Physician	Medical License #	Date		
As the child's parent/guardian, I understand that in the the outbreak. By signing this form, I am not waiving ar if my child is excluded from school during a disease of	ny of my child's rights to an				
Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian		Date		
Full Name of Exempted Child (PRINT)	Child's Date of Birth (Month, Da	y, Year)			
RELIGIOUS/OTHER EXEMPTION As the child's parent/guardian, I am exempting for religmay be excluded from school for the duration of the ounder Article 9, Section 1 of the Idaho Constitution if n	utbreak. By signing this forr	m, I am not waiving any of m	ny child's rights to an education		
Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian		Date		
Full Name of Exempted Child (PRINT)	Child's Date of Birth (Month, Day, Year)				
OPTIONAL: Parents/guardians may include a signed wri	tten statement regarding reli	gious/other exemptions on th	e back/Page 2 of this document.		

OPTIONAL STATEMENT: As the child's parent/guardian, I exempt my child from school immunizations for the following reason(s):			
Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian	Date	
, ,			