

CERTIFICATE OF EXEMPTION

Please read instructions on the reverse of this certificate before completing.

<i>Name of Child</i>	<i>Birthdate</i>	<i>Name of School</i>	<i>Grade</i>
<i>Home Address</i>	<i>Parent or Guardian's Name</i>		<i>Telephone</i>

TYPE OF EXEMPTION

1. MEDICAL CONTRAINDICATION:

I hereby certify that the immunization(s) specified below are medically contraindicated for the above named child.

<i>Immunization(s)</i>	<i>Immunization(s)</i>
<i>Specify contraindications</i>	<i>Signature of physician</i>

2. RELIGIOUS OBJECTION:

I hereby certify that immunization is contrary to the teachings of the above named child's religion.

Signature of religious leader or parent

3. PERSONAL OBJECTION:

I hereby certify that immunization is contrary to my beliefs. As the parent or legal guardian of the above named child I request an exemption to the immunization requirements for school, day care or head start center attendance. I have written a brief summary of my objections in the space provided below. I understand that lost records are not grounds for an exemption. I also understand that in the event of a disease outbreak in the school my child may have to be excluded for his or her protection and for the protection of the other children in school.

Summarize briefly your objections in this space: _____

Signature of parent or guardian

Please mail a completed copy of this form to:

**Oklahoma State Department of Health
Immunization Division - 0306
1000 N.E. 10th St.
Oklahoma City, Oklahoma 73117-1299**