

# CERTIFICATE OF EXEMPTION

Please read instructions on the reverse of this certificate before completing.  
All entries must be legible or form will be returned. Please print unless signature is required.

Name of Child (Last, First, MI) \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Country \_\_\_\_\_ Birth State \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Parent's Street Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

Name of School, Child Care Facility or Head Start \_\_\_\_\_ School District \_\_\_\_\_ School Year \_\_\_\_\_ School Grade \_\_\_\_\_ Facility Phone Number \_\_\_\_\_

Race (select up to 3):  Alaskan Native or American Indian  Asian  Black or African American  Native Hawaiian or Pacific Islander  White  Other

Ethnicity (select 1):  Hispanic or Latino  Not Hispanic or Latino

Child's Gender:  Male  Female

## TYPE OF EXEMPTION (Complete either section 1, 2 or 3 and sections 4 & 5)

### 1. MEDICAL CONTRAINDICATION:

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

Immunization(s) \_\_\_\_\_ State the condition that would endanger the life or health of the child. \_\_\_\_\_

Printed name of Physician \_\_\_\_\_ Signature of Physician \_\_\_\_\_

Address of Physician \_\_\_\_\_ Phone number of Physician \_\_\_\_\_

### 2. RELIGIOUS OBJECTION:

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

Printed name of Religious Leader or Parent/Guardian \_\_\_\_\_ Signature of Religious Leader or Parent/Guardian \_\_\_\_\_

### 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, Child Care Facility or Head Start 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.**

**REQUIRED:** Summary of Objections: *(Limited to 600 characters.)*

### 4. Please check which immunizations this exemption applies to:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> DTaP/Td/Tdap (Diphtheria, Tetanus & Pertussis) | <input type="checkbox"/> Hib (Haemophilus Influenzae type B) | <input type="checkbox"/> Polio                  |
| <input type="checkbox"/> Hepatitis A                                    | <input type="checkbox"/> MMR (Measles, Mumps and Rubella)    | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B                                    | <input type="checkbox"/> Pneumococcal                        | <input type="checkbox"/> All                    |

### 5. Acknowledgement

I understand that in the event of a disease outbreak in the School, Child Care Facility or Head Start, my child may be excluded for his/her protection and for the protection of other children in the School, Child Care Facility or Head Start.

Printed name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### ATTENTION: Please mail this completed form to the Immunization Service.

Oklahoma State Department of Health  
Immunization Service  
123 Robert S Kerr, Suite 1702  
Oklahoma City, Oklahoma 73102-6406

This section reserved for use by OSDH.

## **INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF EXEMPTION**

Oklahoma law requires that parents of all children attending School, Child Care Facilities, and Head Start in this state submit documentation of immunization. This documentation is required before the child is allowed to enter or attend School, Child Care or Head Start. Children with specific medical contraindications to any or all immunizations may be allowed to attend if the medical reason is stated and this statement is signed by a licensed physician and submitted to the School, Child Care Facility or Head Start. Children whose parents have objections to immunizations based on religious teachings or personal beliefs may seek an exemption.

Copies of immunization records and any Certificate of Exemption must be on file with the School, Child Care Facility or Head Start, and available for review.

**FORM REQUIRED:** Children enrolled in School, Child Care or Head Start.

**FORM NOT REQUIRED:** Children *not* enrolled in School, Child Care or Head Start.

- **This form must be fully completed and signed.**
- **This form must be submitted to Immunization Service.**
- **The School, Child Care Facility or Head Start will keep a copy of the completed form.**
- **Parent understands that lost records are not grounds for an exemption.**

### **LOST IMMUNIZATION RECORDS**

Lost immunizations records are not grounds for an exemption to the immunization requirements. Parents who have lost their child's records should contact their local health department or family physician. The nurse or doctor can interpret past immunization history, provide any needed immunizations, and create a record for the parent that can then be submitted to the School, Child Care Facility or Head Start and transcribed for the student's record.

### **EXCLUSION DURING A DISEASE OUTBREAK**

A disease outbreak in a School, Child Care Facility or Head Start may result in exposure of children attending on the basis of an exemption. These children may be susceptible to the diseases, and therefore may be excluded for the duration of any outbreak for their own health and for the health of other children. Parents should be informed of this possibility before signing a Certificate of Exemption.

*A completed copy of the Certificate of Exemption may be submitted to the  
Oklahoma State Department of Health Immunization Service either directly or through the local school.*

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