

**Pennsylvania School Vaccine Exemption Notice**  
**Religious or Moral Convictions**

Please take notice that I \_\_\_\_\_, as the parent and/or guardian of the following child: \_\_\_\_\_, am hereby directing that as per PA Code §23.84(b), and on account of religious beliefs, or firmly-held moral convictions, my child is to be excused and exempted for the current school year from the following vaccines:

\_\_\_ All vaccines; or

*All Grades*

\_\_\_ 4 doses of Tetanus and Diphtheria (1 dose on or after the 4th birthday)

\_\_\_ 4 doses of polio (last dose on or after the 4th birthday)

\_\_\_ 2 doses of Measles, Mumps, Rubella (usually given as MMR)

\_\_\_ 3 doses of hepatitis B

\_\_\_ 2 doses of Varicella (chickenpox) or history of the disease

*Students in 7th Grade*

\_\_\_ 1 dose of Tetanus, Diphtheria, Pertussis (Tdap)

\_\_\_ 1 dose of meningococcal conjugate vaccine (MCV)

*Students in 12th Grade*

\_\_\_ 2 doses of MCV (1 dose for 7th grade, 2nd dose for 12th grade entry)

As required by law, please keep this signed, written notice on file in my child's cumulative folder.

Child's Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Parent/Guardian's Signature(s) \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

Daytime/Evening Phone Number(s) \_\_\_\_\_

School Name \_\_\_\_\_ School District \_\_\_\_\_

Received By (Print Name) \_\_\_\_\_

Received By (Signature) \_\_\_\_\_ Date Received \_\_\_\_\_

**Pennsylvania School Vaccine Exemption Notice**

**Medical**

**Parent/Guardian:**

Please take notice that I \_\_\_\_\_, as the parent and/or guardian of the following child: \_\_\_\_\_, am hereby directing that as per PA Code §23.84(a), and on account of medical reasons, my child is to be excused and exempted for the current school year from the following vaccines.

**Physician or Physician's Designee:**

I, \_\_\_\_\_ (print name), as a physician or physician's designee, believe that the following immunization(s) may be detrimental to the health of the child:

\_\_\_ All vaccines; or

*All Grades*

\_\_\_ 4 doses of Tetanus and Diphtheria (1 dose on or after the 4th birthday)

\_\_\_ 4 doses of polio (last dose on or after the 4th birthday)

\_\_\_ 2 doses of Measles, Mumps, Rubella (usually given as MMR)

\_\_\_ 3 doses of hepatitis B

\_\_\_ 2 doses of Varicella (chickenpox) or history of the disease

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Child's Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Parent/Guardian's Signature(s) \_\_\_\_\_

Parent/Guardian's Address \_\_\_\_\_

Daytime/Evening Phone Number(s) \_\_\_\_\_

School Name \_\_\_\_\_ School District \_\_\_\_\_

Received By (Print Name) \_\_\_\_\_

Received By (Signature) \_\_\_\_\_ Date Received \_\_\_\_\_

**Legal Reference: Pennsylvania Code §23.84 Exemption from Immunization**

- 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 strong moral or ethical conviction similar to religious belief.

Cross References

This section cited in 22 PA Code§ 11.20 (relating to non-immunized children); 22 PA Code§ 51.13 (relating to immunization); 28 PA Code§ 23.85 (relating to responsibilities of schools and school administrators); and 28 PA Code§ 27.77 (relating to immunization requirements for children in child care group settings).

*Chapter 23 School Health, Subchapter C Immunization*

<http://www.pacode.com/secure/data/028/chapter23/chap23toc.html#23.2>