

Date _____

Mr./Ms. _____, parent(s) of _____,
has informed our office of their objection to one or more of the CDC's recommended vaccinations due
to their religious beliefs.

Although freedom of religion is explicitly protected by the US and PA Constitutions, our office is
disinclined to honor this family's faith based decisions. Instead, we **REFUSE TO PROVIDE MEDICAL
CARE FOR THIS CHILD.**

Signed _____ Date _____

Office Name _____

Address _____

Phone _____