

Exemption Form

I am the parent of \_\_\_\_\_.

I object to the following medical procedures as required by the Pennsylvania Department of Education for my child on religious grounds or on the basis of strong moral or ethical conviction similar to a religious belief:

\_\_\_\_\_ immunizations  
\_\_\_\_\_ medical examinations  
\_\_\_\_\_ dental examinations

Signed,

\_\_\_\_\_ Date \_\_\_\_\_

**§ 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 a strong moral or ethical conviction similar to a religious belief.

**§ 23.45. Objections to examination on religious grounds.**

(a) School children or school employes [*sic*] may be excused from regular or special medical or dental examinations on presentation of written evidence to the school administrator that the examinations are contrary to the religious beliefs of the parent or guardian of the child or of the employe [*sic*].

(b) Exemption from medical or dental examinations will not be granted if the Department of Health finds that facts exist under which the exemption constitutes a present substantial menace to the health of other persons exposed to contact with the unexamined person.