

CHILD'S NAME: _____ DATE OF BIRTH _____
Full Name of Child (PRINT) MM DD YYYY



IDAHO CHILDCARE IMMUNIZATION REQUIREMENTS EXEMPTION

In the event of a disease outbreak, a child exempted from Idaho childcare immunization requirements may be excluded from a childcare facility for the duration of the outbreak. Please check the box(es) below for each vaccine-preventable disease for which an exemption is claimed.

- | | |
|--|---|
| <input type="checkbox"/> Diphtheria (DTaP, Tdap, Td) | <input type="checkbox"/> <i>Haemophilus influenzae</i> type b (Hib) |
| <input type="checkbox"/> Tetanus (DTaP, Tdap, Td) | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Pertussis (Whooping Cough) (DTaP, Tdap) | <input type="checkbox"/> Rotavirus |
| <input type="checkbox"/> Measles (MMR) | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Mumps (MMR) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Rubella (German Measles) (MMR) | <input type="checkbox"/> Varicella Disease History: My child has had |
| <input type="checkbox"/> Polio (IPV) | <input type="checkbox"/> chickenpox but was not diagnosed by a licensed healthcare professional |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> All required immunizations |

I decline to provide details regarding my child's immunization status.
NOTE: Your child will be considered exempt from all required childcare immunizations.

- MEDICAL EXEMPTION (Requires the signature of a licensed physician)**
As this child's physician, I certify that the physical condition of this child is such that the immunization(s) checked above would endanger the health of the child.
- This medical exemption is permanent.
- This medical exemption is temporary. Duration of temporary exemption: _____/_____/_____

I hereby request that this child be exempted from the Immunization Requirements for Children Attending Licensed Daycare Facilities ([IDAPA 16.02.11](#)) due to a medical condition for which immunizations are contraindicated

Name of Licensed Healthcare Provider (PRINT) Signature of Licensed Healthcare Provider _____/_____/_____
Date (MM/DD/YYYY)

- RELIGIOUS/OTHER EXEMPTION** As the child's parent/guardian, I am exempting for religious or other reasons.

As the child's parent/guardian, I understand that in the event of a disease outbreak my child may be excluded from childcare for the duration of the outbreak.

Name of Parent/Guardian (PRINT) Signature of Parent/Guardian _____/_____/_____
Date (MM/DD/YYYY)

Full Name of Exempted Child (PRINT) _____/_____/_____
Child's Date of Birth (MM/DD/YYYY)

Parents/guardians may include a signed written statement regarding religious/other exemptions on the back of this document

