

IMMUNIZATION EXEMPTION LETTER

Name:
Address:

Date:

To Whom It May Concern:

Re: Pennsylvania Religious|Strong Personal Belief| Medical Exemption

I/We _____, being the parents/legal guardians of _____, object to the immunization requirements as outlined by the Department of Health of the Commonwealth of Pennsylvania as defined in 55 PA. CODE CH.3270 on the basis of my/our religious beliefs and strong moral, ethical convictions as outlined in section § 131(e)(2)(i)(ii) Exemption from immunization. This notice serves as our objection in writing as required by Pennsylvania law.

Sincerely,

Parent/Legal Guardian Name

Signature

**55 Pa. Code Chapters §3270.131(e)(2)(i)(ii), §3280.131(e)(2)(i)(ii) and §3290.131(e)(2)(i)(ii)-
Exemption from Immunization must be documented as follows:**

(i) Exemption from immunization for religious belief or strong personal objection equated to a religious belief must be documented by a written, signed and dated statement from the child's parent or guardian. The statement shall be kept in the child's record.

(ii) Exemption from immunization for reasons of medical need shall be documented by a written, signed and dated statement from the child's physician, physician's assistant or CRNP. The statement shall be kept in the child's record."