

VOID

Personal Immunization Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. Vaccine preventable diseases can cause serious illness and even death. The Utah Department of Health recognizes that individuals have the right to an immunization exemption, should they choose not to immunize.

As the parent or legal guardian of _____, I certify that I have strong personal beliefs against the practice of immunization/vaccination. Due to my personal opposition to immunizations, I hereby request that my child be exempted from the Utah Immunization Rule for Students (R396-100) for the following vaccines:

- DTaP (Diphtheria, tetanus, acellular pertussis)
- Polio
- Hepatitis B
- Hepatitis A
- MMR (Measles, Mumps, Rubella)
- Varicella (Chicken Pox)
- Pneumococcal
- Haemophilus influenza type b (Hib)
- Tdap (Tetanus, diphtheria, acellular pertussis)
- Meningococcal
- This personal exemption is for all immunizations.

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I understand I am responsible for the risks of not vaccinating this child. I also understand if an outbreak of any vaccine-preventable disease occurs for which my child is exempted, my child for whom this exemption is claimed will be excluded from the school, early childhood program, sports activities, and any other school activities before, during, or after school time. The exclusion will be for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

- I HAVE READ THE EXEMPTED CHILD DOCUMENT AND UNDERSTAND ITS CONTENT.**
- I would like to discuss information regarding vaccine safety, possible side effects and/or other concerns with an immunization nurse.

Parent/Guardian's Signature:		Parent/Guardian Name (Print):	
Parent/Guardian's Date of Birth:		Phone Number:	Email:
Street Address:		City:	Zip Code:
Name of Child Exempted (Print):		Child's Date of Birth:	Previous State of Residence:
Name of School or Early Childhood Program:			Grade:
Witness (Local Health Officer or Designee):		Title:	Date:

If a student withdraws, transfers, is promoted or otherwise leaves school, the school or early childhood program shall either return the Utah School Immunization Record (USIR) and any exemption form to the parent of a student or transfer the USIR and any exemption form with the student's official school record to the new school or early childhood program. The exemption forms are only needed one time and they are not required to be renewed annually. Exemption forms can only be used for enrollment in early childhood programs or public, private, and parochial schools for grades kindergarten through twelve. Exemptions and exemption forms do not apply to college/university attendance.