

**Legal Immunization Exemption
For Religious or Medical Reasons**

School Name: _____

School District & City: _____

Student Name: _____

I, _____, as parent/legal guardian of the above-named student hereby object and do not consent to having my child immunized as required by the laws of the State of Illinois.

Please choose one of the following:

_____ I object to such immunization because my religious beliefs conflict with the immunization of my child. My specific belief that conflicts with the immunization is as follows: _____

_____.

_____ A physician objects to such immunization on medical grounds. The following is the name and signature of a physician licensed to practice medicine in all of its branches. By signing this document, the below-named physician represents that my child has a medical condition that will not allow immunization. Should he child's present condition later permit immunization, it will be required. The below-named physician will also sign and endorse the certificates of the child's health examination, which shall be placed in the child's permanent record.

Doctor's name: _____

Doctor's Signature: _____

Date: _____

Please note that the parents/guardians shall be informed of measles outbreak control exclusion procedures when filing either of the objections with the local state authority.

Signature of parent/legal guardian: _____

Date: _____