

USD #348  
Religious Immunization Exemption Certificate

School Year \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Healthcare Provider Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

My child is of a religious denomination whose religious teachings are opposed to such tests or inoculations that are required by Kansas state law for school entry. I understand the risks of refusing to vaccinate and that if an outbreak or a vaccine preventable disease should occur, an exempt student will be excluded from school by school administration for a period of time as determined by the Health Department based on a case-by-case analysis of public health risk.

Approximate Exclusion Periods (Incubation Time) for Various Immunizations:

Diphtheria - 6 days

Mumps - 25 days

Tetanus - 21 days

Polio - 35 days

Pertussis - 20 days

Rubella - 21 days

Hepatitis B- 160 days

Measles - 12 days

Varicella (chickenpox) - 21 days

Hepatitis A - 50 days

\_\_\_\_\_  
Parent Signature (or student if 18 years of age or older) Date \_\_\_\_\_

\_\_\_\_\_  
School Nurse/Health Aide Signature Date \_\_\_\_\_