Child’s Name: ________________________________

**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, and date each line regarding all vaccine-preventable diseases for which an exemption is claimed.

- [ ] Diphtheria (DTaP, Tdap, Td)  
  Date
- [ ] Tetanus (DTaP, Tdap, Td)  
  Date
- [ ] Pertussis (Whooping Cough) (DTaP, Tdap)  
  Date
- [ ] Measles (MMR)  
  Date
- [ ] Mumps (MMR)  
  Date
- [ ] Rubella (German Measles) (MMR)  
  Date
- [ ] Polio  
  Date
- [ ] Hepatitis B  
  Date
- [ ] Haemophilus Influenza Type b (Hib)  
  Date
- [ ] Hepatitis A  
  Date
- [ ] Rotavirus  
  Date
- [ ] Pneumococcal  
  Date
- [ ] Varicella (Chickenpox)
  - [ ] Varicella Disease History: My child has had chickenpox but was not diagnosed by a licensed healthcare professional.
  Date
- [ ] All required immunizations
  Date

- [ ] I decline to provide details regarding my child’s exemption status. **NOTE:** Your child will be considered exempt from all required childcare immunizations.

**MEDICAL EXEMPTION** (This exemption requires the signature of a licensed physician.)

As the 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 Physician (PRINT)  
Signature of Physician  
Medical License #  
Date

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

Full Name of Exempted Child (PRINT)  
Child’s Date of Birth (Month, Day, Year)

**RELIIGIOUS/OTHER EXEMPTION**

As the child’s parent/guardian, I am exempting for religious or other reasons. 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

Full Name of Exempted Child (PRINT)  
Child’s Date of Birth (Month, Day, Year)

OPTIONAL: Parents/guardians may include a signed written statement regarding religious/other exemptions on the back/Page 2 of this document.
**OPTIONAL STATEMENT:**
As the child’s parent/guardian, I exempt my child from childcare immunizations for the following reason(s):

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Name of Parent/Guardian (PRINT)  Signature of Parent/Guardian  Date