

PHYSICAL EXAMINATION and IMMUNIZATION WAIVER FORM

State law mandates physical examination and specific immunizations for all Chicago Public School students.

Please complete the following form if you have a religious objection to any immunization/s and/or physical exam. If your child’s physician has indicated a medical reason against any immunization/s, we must have a completed statement on file.

Please note that if there is an outbreak for which your child is not immunized, your child may be excluded from school for an indefinite period of time until acceptable proof of immunity is received by the school or the period of communicability for the disease has expired.

I, (print your name), parent/legal guardian of:

(print your child’s name and birthday)

object to the following immunization/s and/or physical exam (“[X]” all that apply below):

[]	[]	[]	[]	[]	[]	[]
Diphtheria, Pertussis (Whooping Cough), Tetanus (DTaP/Tdap)	Polio Virus (Polio Vaccine)	Measles, Mumps and Rubella	Hepatitis B	Varicella (Chicken Pox)	Haemophilus Influenzae, Type B (HIB)	Physical Exam

- Religious:** Attach a personal statement which indicates your religious belief/s on forbidding immunization/s and/or physical exam.
- Medical:** Attach physician’s statement - Must state specific condition that forbids immunization.

Use additional sheets as needed. Return all pertinent information to your child’s school nurse.

(Signature of Parent or Guardian)

(Date)

Note: School must include a copy of this signed form to child’s health folder and send to nurse manager.

