

DISTRICT OFFICE  
1970c Easton Turnpike  
Lake Ariel, Pennsylvania 18436



WESTERN WAYNE  
SCHOOL DISTRICT

### CERTIFICATE OF IMMUNIZATION EXEMPTION

#### STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Parent or guardian \_\_\_\_\_

Telephone \_\_\_\_\_

**Please circle present grade:** K 1 2 3 4 5 6 7 8 9 10 11 12 Other \_\_\_\_\_

**Please select your reason for the exemption:**

Religious Exemption: Explain \_\_\_\_\_

Philosophical/Moral/Ethical Exemption: Explain \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(PARENT OR GUARDIAN)

Medical Exemption (Physician must sign below):

**The physical condition of the above-named child is such that immunization would endanger life or health.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(PHYSICIAN)