

CERTIFICATE OF EXEMPTION

Please read instructions on the reverse of this certificate before completing.
All entries must be legible or form will be returned. Please print unless signature is required.

Name of Child (Last, First, MI)		Birth Date	Birth Country	Birth State
Parent or Guardian's Name		Mother's Maiden Name	Parent's Street Address	
County	City	State	ZIP Code	
Parent/Guardian Phone Number	Parent/Guardian Email	Relationship to Child (select 1):	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian
Name of School, Child Care Facility or Head Start		School District	School Year	School Grade
School Street Address			Facility Phone Number	
School County	School City	School State	School ZIP Code	

Race (select up to 3): Alaskan Native or Indian Asian Black or African American Native Hawaiian or Pacific Islander White Other

Ethnicity (select 1): Hispanic or Latino Not Hispanic or Latino

Child's Gender: Male Female

TYPE OF EXEMPTION

(Complete either section 1, 2 and sections 3 & 4)

1. RELIGIOUS OBJECTION:

I hereby certify that immunization is contrary to the teachings of the above-named child's religion.

Printed Name of Parent/Guardian/Religious Leader	Signature of Parent/Guardian/Religious Leader
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2. PERSONAL OBJECTION (Please Choose only one exemption reason):

Personal Exemption Reasons:

- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> Child has a history of reactions to vaccines | <input type="checkbox"/> Concerned about possible side effects and safety of vaccines | <input type="checkbox"/> I have researched these vaccines and am not comfortable with vaccinating my child at this time | <input type="checkbox"/> I refuse to vaccinate my child based on my freedom of choice | <input type="checkbox"/> I will provide school/child care with doctor approved alternative schedule | <input type="checkbox"/> Vaccines are against my personal beliefs |
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3. Please check which immunizations this exemption applies to:

- | | | |
|---|--|---|
| <input type="checkbox"/> DTaP/Td/Tdap (Diphtheria, Tetanus & Pertussis) | <input type="checkbox"/> Hib (Haemophilus Influenzae type B) | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> MMR (Measles, Mumps and Rubella) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pneumococcal | <input type="checkbox"/> All |

4. Acknowledgement

I understand that in the event of a disease outbreak in the School, Child Care Facility or Head Start, my child may be excluded for his/her protection and for the protection of other children in the School, Child Care Facility or Head Start. I understand lost records are not grounds for an exemption. The exemption will expire after the 6th grade and a new exemption request will be required before enrollment in the 7th grade.

Printed name of Parent/Guardian	Signature of Parent/Guardian	Date
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ATTENTION: Please mail this completed form to the Immunization Service.

Oklahoma State Department of Health
Immunization Service
123 Robert S Kerr, Suite 1702
Oklahoma City, Oklahoma 73102-6406

This section reserved for use by OSDH.

INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF EXEMPTION

Oklahoma law requires that parents of all children attending School, Child Care Facilities, and Head Start in this state submit documentation of immunization. This documentation is required before the child is allowed to enter or attend School, Child Care or Head Start. Children with specific medical contraindications to any or all immunizations may be allowed to attend if the medical reason is stated and this statement is signed by a licensed physician and submitted to the School, Child Care Facility or Head Start. Children whose parents have objections to immunizations based on religious teachings or personal beliefs may seek an exemption.

Copies of immunization records and any Certificate of Exemption must be on file with the School, Child Care Facility or Head Start, and available for review.

FORM REQUIRED: Children enrolled in School, Child Care or Head Start.

FORM NOT REQUIRED: Children not enrolled in School, Child Care or Head Start.

- This form must be fully completed and signed.
- This form must be submitted to Immunization Service.
- The School, Child Care Facility or Head Start will keep a copy of the completed form.
- Parent understands that lost records are not grounds for an exemption.

LOST IMMUNIZATION RECORDS

Lost immunizations records are not grounds for an exemption to the immunization requirements. Parents who have lost their child's records should contact their local health department or family physician. The nurse or doctor can interpret past immunization history, provide any needed immunizations, and create a record for the parent that can then be submitted to the School, Child Care Facility or Head Start and transcribed for the student's record.

EXCLUSION DURING A DISEASE OUTBREAK

A disease outbreak in a School, Child Care Facility or Head Start may result in exposure of children attending on the basis of an exemption. These children may be susceptible to the diseases, and therefore may be excluded for the duration of any outbreak for their own health and for the health of other children. Parents should be informed of this possibility before signing a Certificate of Exemption.

A completed copy of the Certificate of Exemption may be submitted to the Oklahoma State Department of Health Immunization Service either directly or through the local school.

Revised April 2026.