IDAHO SCHOOL IMMU	INIZATION R		UIREMENTS EXEMPTION	
In the event of a disease outbreak, a child exemptor the duration of the outbreak. Please check the which an exemption is claimed.	ed from Idaho school	imm	unization requirements may be excluded fro	om school
			TI	
☐ Diphtheria (DTaP, Tdap, Td)	Date	_	Hepatitis B	Date
☐ Tetanus (DTaP, Tdap, Td)	Date		Hepatitis A	Date
☐ Pertussis (Whooping Cough) (DTaP, Tdap)	Date	⊔ _	Meningococcal	Date
☐ Measles (MMR)	Date		Varicella (Chickenpox)	Date
□ Mumps (MMR)	Date		☐ Varicella Disease History: My child has had chickenpox but was not diagnosed by a licensed	
☐ Rubella (German Measles) (MMR)	Date		healthcare professional.	Date
□ Polio	Date		All required immunizations	Date
	hild's exemption status	s. NO	TE: Your child will be considered exempt from a	
required school immunizations.				
As the child's physician, I certify that the physical conclealth of the child.  This medical exemption is permanent.  This medical exemption is temporary. Description is temporary. Description that this child be exempted from the I	dition of this child is suc furation of temporary ex mmunization Requirem	h tha cemp	tion:/	Ü
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