OKLAHOMA Human Services

Immunization Certificate of Exemption

Date _____

Case name _____

Case # _____

County # _____

Supervisor # _____ Worker # _____

Purpose of Form

Oklahoma law and Oklahoma Human Services policy requires that parents or caretaker relatives of all children applying for or receiving Temporary Assistance for Needy Families or attending school, a child care facility, or Head Start in Oklahoma submit acceptable evidence that each child's immunizations are current or request an exemption from the immunization requirement. When the child attends school or a child care facility, the Oklahoma State Department of Health's Form 216-A, Certificate of Exemption, is used to request an exemption. When the child does not attend school or a child care facility, this form must be completed and signed by a licensed physician, a religious leader, or the parent or caretaker relative to document the reason(s) a child has not had or will not have a specific immunization required by the Oklahoma State Department of Health.

Exemption Request

I request a certificate of exemption from immunization for the following child:

_____ _____
Child's name Date of birth

_____ _____
Parent's or caretaker relative's printed name Phone number

_____ _____
Parent's or caretaker relative's signature Date

Type of Exemption

Choose one of the exemptions on the next page and have the child's physician, religious leader, or parent or caretaker relative complete and sign the information under the exemption.

☐ Medical Contraindication

I hereby certify that the immunization(s) specified below are medically contraindicated for the above named child.

Immunizations:

State the condition that would endanger the life or health of the child:

Physician's printed name | Phone number

Physician's signature | Date

☐ Religious Objection

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

Religious leader's or parent/caretaker relative's printed name | Phone number

Religious leader's or parent/caretaker relative's signature | Date

☐ Personal Objection

I hereby certify that immunization is against my beliefs. As the parent or caretaker relative of the above named child, I request an exemption to the immunization requirements. I have written a brief summary of my objections in the space provided below. I understand lost records are not grounds for an exemption.

Briefly summarize your objections.

Parent's or caretaker relative's printed name | Phone number

Parent's or caretaker relative's signature | Date

Form Routing

The original of this form is signed by the licensed physician, religious leader, or parent/caretaker relative. A copy is retained in the case record until the original is completed. Once completed, the form is imaged to the case record.