JEFF TECH

576 VO TECH ROAD
REYNOLDSVILLE, PENNSYLVANIA 15851-6368
(814) 653-8265
FAX: (814) 653-8425

Immunization Exemption Form 26-27

Student Information

- Full Name: _____ DOB: _____
- Shop: _____Grade: _____

Dear Parents and Guardians,

For Jeff Tech to remain compliant with Pennsylvania State regulations there must be an immunization exemption form on file if you wish to decline having your child vaccinated. Please read the following and select which exemption applies to your child. Once a selection is made, please sign and return this paper to the School Nurse. If you choose a Medical Exemption, this paper will need to be filled out by a medical professional.

Statement of Exemption

I, the undersigned parent or legal guardian of the above-named student, hereby request an exemption from the immunization requirements mandated for school attendance.

I understand and acknowledge that:

1. Immunizations are required by state law for the protection of the students and the school community.
2. I am responsible for monitoring my child's health and seeking appropriate medical care as necessary.

- **Medical Exemption (to be completed by a licensed healthcare provider, if applicable)**

I certify that immunization is medically contraindicated for the above-named student.

Medical Reason for Exemption: _____

Duration of Exemption: ☐ Temporary ☐ Permanent

Name of Healthcare Provider: _____

License Number: _____

Signature: _____ Date: _____

Jeff Tech is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex, or handicap in its activities, programs, or employment practices. For information regarding civil rights or grievance procedures, contact our Title IX Coordinator at 814-653-8265 ext. 142 or ashathorn@jefftech.edu. Additional information can be found at the Title IX page of the Jeff Tech website at www.JeffTech.edu.

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➢ Religious or Philosophical Exemption Declaration

I certify that the immunization exemption requested is based on my sincerely held **religious beliefs** or **philosophical/moral convictions**, as permitted by applicable law.

I understand the potential risks associated with non-immunization and accept full responsibility for the consequences of this decision.

➢ Type of Exemption:

(Please check one)

☐ **Medical Exemption**
☐ **Religious Exemption**
☐ **Philosophical / Moral Exemption**

Parent/Guardian Declaration and Signature

I certify that I am the lawful parent or legal guardian of the above-named student and that the information provided in this form is accurate and complete to the best of my knowledge. I acknowledge that submission of false information may result in denial or revocation of this exemption.

Parent/Guardian Name:_____

Parent/Guardian Signature:_____ **Date:**_____

➢ Action Required:

Please return this completed exemption form to the nurse's office via:

Email: vmsunealitis@jefftech.edu
Fax: 814-653-8425
Mail: 576 Vo-Tech Road Reynoldsville, PA 15851
In person: Students can bring the completed form to the nurses office or parents can drop them off in the main office.

Thank you for your cooperation in helping us maintain a healthy and safe school environment.

Victoria Sunealitis RN
School Nurse
814-653-8265 Ext 168

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