

Personal Beliefs Exemption

Pertussis (Whooping Cough) Booster Immunization [Tdap] Requirement



STUDENT NAME (Last, First, Middle)	BIRTHDATE ____ / ____ / ____ MM DD YYYY	
NAME OF PARENT/GUARDIAN	PHONE NUMBER	
HOME ADDRESS: STREET	CITY	ZIP CODE

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION.

~~The unimmunized child and the child's contacts at school and home are a greater risk of becoming sick with pertussis, which can be life-threatening for young infants and can cause prolonged illness at any age.~~

I understand that, for the protection of the child and other students, the child may be excluded from attending school for prolonged periods during each outbreak of pertussis or after each exposure to someone with pertussis. (17 CCR §6060)

I hereby request exemption of the child named above from the pertussis (whooping cough) immunization requirement for school entry because such immunization is contrary to my beliefs.

Signature of parent or guardian: _____ Date: _____

CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN

Un niño no vacunado y así como sus contactos en la escuela y el hogar tienen mayor riesgo de enfermarse de la tos ferina, lo cual puede poner en peligro la vida de los bebés, y puede causar una enfermedad prolongada a cualquier edad.

Entiendo que, para la protección del niño y otros estudiantes, el niño puede quedar excluido de asistir a la escuela durante periodos prolongados durante cada brote de tos ferina, o después de quedar expuesto a alguien con tos ferina. (17 CCR §6060)

Por la presente solicito que el niño mencionado arriba quede exento del requisito de la vacuna contra la tos ferina para entrar a la escuela, porque dicha vacuna va en contra de mis creencias.

Firma del padre o la madre o el guardián: _____ Fecha: _____

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