



STUDENT'S NAME _____
FIRST MIDDLE LAST DOB

Statement of Immunization Exemption

Under **Louisiana Revised Statutes 17:170 Sec E**, I hereby claim exemption from the immunization requirement for Philosophical/Personal reasons.

(Statement of dissent for philosophical/personal reasons.)

I understand that in the event of an outbreak of a vaccine-preventable disease at the location of the educational institution or facility the student attends, the administrators of the educational institution or facility, upon the recommendation of the office of public health, may exclude the student from attendance until the incubation period has expired or I present evidence of immunization.

Parent/Guardian Name

Parent/Guardian Signature

Date