

MEDICAL EXEMPTION LETTER

Date: _____

To Whom It May Concern:

I am the parent/legal guardian of:

I object to the following procedures for my children on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.

_____ Immunizations
_____ Medical Examinations
_____ Dental Examinations

Sincerely,

(Signature)

Reference:

028 Pa. Code § 23.84

028 Pa. Code § 23.45

24 PS § 1419