Personal Beliefs Exemption

Pertussis (Whooping Cough) Booster Immunization [Tdap] Requirement



STUDENT NAME (Last, First, Middle)	BIRTHDATE	BIRTHDATE	
	MM ·	/ /	
NAME OF PARENT/GUARDIAN	PHONE NUMBER	PHONE NUMBER	
HOME ADDRESS: STREET	CITY	ZIP CODE	
,			
PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GI	JARDIAN-IMMUNIZATION.		
The unimmunized child and the child's contacts at school and home are life-threatening for young infants and can cause prolonged illness at any		h pertussis, which can be	
I understand that, for the protection of the child and other students, the operiods during each outbreak of pertussis or after each exposure to som	hild may be excluded from attendi eone with pertussis. (17 CCR §60	ng school for prolonged 60)	
I hereby request exemption of the child named above from the pertussis entry because such immunization is contrary to my beliefs.	(whooping cough) immunization re	equirement for school	
Signature of parent or guardian:	Date:		
CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER	FIRMADA POR EL PADRE O LA M	IADRE O EL GUARDIÁN	
Un niño no vacunado y así como sus contactos en la escuela y el hogar puede poner en peligro la vida de los bebés, y puede causar una enfern	tienen mayor riesgo de enfermars nedad prolongada a cualquier eda	se de la tos ferina, lo cual d.	
Entiendo que, para la protección del niño y otros estudiantes, el niño pu periodos prolongados durante cada brote de tos ferina, o después de qu	ede quedar excluido de asistir a la ledar expuesto a alguien con tos f	i escuela durante erina: (17 CCR §6060)	
Por la presente solicito que el niño mencionado arriba quede exento del escuela, porque dicha vacuna va en contra de mis creenclas.	requisito de la vacuna contra la to	os ferina para entrar a la	
Firma del padre o la madre o el guardián:	Fecha:		
Financial page of a mage of guardill		National Control of the Control of	

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