

# EXEMPTIONS 101



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## What is a religious exemption?

Religious exemptions are used when a parent has a sincerely held belief that prohibits their child/children from receiving vaccinations.

## How Do I Get an exemption?

Because each state sets their own laws, every process is different for each state.

It can also depend on the school. Your school may have their own form for you to complete.

# Exemption Form

# Wisconsin Requirements

DEPARTMENT OF HEALTH SERVICES  
Division of Public Health  
F-04020L (02/2023)

STATE OF WISCONSIN  
Wis. Stat. §§ 252.04 and 120.12 (16)

**STUDENT IMMUNIZATION RECORD**

**INSTRUCTIONS TO PARENT:** COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

**Step 1 PERSONAL DATA PLEASE PRINT**

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, Zip)		Phone Number	

**Step 2 IMMUNIZATION HISTORY**

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. If you do not have an immunization record for this student, contact your doctor or public health department to obtain it. You may also use the Wisconsin Immunization Registry: <https://www.dhs.wis.gov/PR/ClientSearch.do?language=en>

TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
DTaP/DT/DT/d (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required if your child has not had chickenpox disease. See below.					
Meningococcal (serogroup ACWY)					

Students with a reliable history of varicella disease are not required to receive the varicella vaccine. Signature from physician, physician assistant, or advanced nurse prescriber required.  
 I attest that this student has a reliable history of varicella disease.

Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply)  
 Varicella  Measles  Mumps  Rubella  Hepatitis B  
If YES, provide laboratory report(s)

SIGNATURE - Healthcare Provider \_\_\_\_\_ Date Signed \_\_\_\_\_

**Step 3 REQUIREMENTS**

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

**Step 4 COMPLIANCE DATA**

**STUDENT MEETS ALL REQUIREMENTS**  
Sign at Step 5 and return this form to school.

Or

**STUDENT DOES NOT MEET ALL REQUIREMENTS**

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL the required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

**NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.**

**WAIVERS** (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations \_\_\_\_\_

SIGNATURE - Physician \_\_\_\_\_ Date Signed \_\_\_\_\_

For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)  
 DTaP/DT/DT/d  Tdap  Polio  Hepatitis B  MMR (Measles, Mumps, Rubella)  Varicella  MenACWY

For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)  
 DTaP/DT/DT/d  Tdap  Polio  Hepatitis B  MMR (Measles, Mumps, Rubella)  Varicella  MenACWY

**Step 5 SIGNATURE**

This form is complete and accurate to the best of my knowledge. Check one: (I do  I do not ) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student \_\_\_\_\_ Date Signed \_\_\_\_\_

"The immunization requirement is waived if the student, if an adult, or the student's parent, guardian, or legal custodian submits a written statement to the school, child care center, or nursery school objecting to the immunization for reasons of health, religion, or personal conviction. At the time any school, child care center, or nursery school notifies a student, parent, guardian, or legal custodian of the immunization requirements, it shall inform the person in writing of the person's right to a waiver under this subsection."

Dear whom it may concern:

We, (parents names), as the parents of (child name) are exercising our rights under the Wisconsin law 252.04(3) to receive Religious Exemption from Vaccination on behalf of our child(ren).

Sincerely,

(Parent signatures)