

**JEFFERSON PARISH PUBLIC SCHOOL SYSTEM**  
**HEALTH SERVICES DEPARTMENT**

**ANNUAL STATEMENT OF EXEMPTION/DISSENT  
TO IMMUNIZATION LAW**

**Date:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Immunization(s) To Be Exempted:** \_\_\_\_\_

**In the event of an outbreak of a vaccine-preventable disease, upon the recommendation of the State of Louisiana, Office of Public Health, students with an exemption/dissent status will be excluded from attendance until the appropriate disease incubation period has expired or the unimmunized student presents evidence of immunization.**

**MEDICAL EXEMPTION:** – The physical condition of the above named person is such that the immunization(s) would endanger life or health, or is medically contraindicated due to other medical conditions.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
DATE

**RELIGIOUS EXEMPTION:** – Parent or Guardian of the above named person or the person himself/herself adheres to a religious belief opposed to immunizations.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
DATE

**PERSONAL DISSENT:** – Parent or Guardian of the above named person or the person himself/herself adheres to a personal belief opposed to immunizations.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**WITNESS (To be witnessed at school)**

\_\_\_\_\_  
DATE