LCCA Immunization or Exclusion

2025-2026

Option 1:

Please attach your child’s vaccine record to this form. Have your physician or public health personnel verify the attached immunization information below:

Health Care Professional Signature / Stamp:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Option 2:

I am excluding my child from the immunization requirements for reasons of conscience, including religious beliefs. I have attached an official notarized affidavit form developed by the Department of State Health Services to this form. I understand it is valid for two years. Medical diagnosis and treatment conflicts with the practices of a recognized religious organization, which I adhere to or am a member of, as signed and dated below.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_