

**ZACHARY COMMUNITY SCHOOLS  
SCHOOL NURSE DEPARTMENT**

**IMMUNIZATION EXEMPTION FORM**

Statement of Exemption:

Under Louisiana Revised Statutes 17:170 Sec. E, I hereby claim exemption from the immunization requirement(s) for philosophical and/or personal reasons.

Statement of dissent for philosophical and/or personal reasons:

I understand that in the event of an outbreak of a vaccine preventable disease at the location of the educational institution or facility the student attends, the administrators or nurse, upon the recommendation of the office of public health, may exclude the student from attendance until the incubation period has expired or I present evidence of immunization.

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Parent Signature/ Date

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School Nurse's Signature/ Date