

# PORTER TOWNSHIP SCHOOLS HEALTH SERVICES

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Boone Grove High School

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Student \_\_\_\_\_ Grade \_\_\_\_\_  
School Year \_\_\_\_\_

### **\*\*\*NEW STUDENTS\*\*\***

\_\_\_\_\_ Within 20 calendar days, I will provide documentation  
Initial from a doctor, health department or previously attended school  
which certifies my child's immunization status. I understand that if  
this requirement is not met, my child will be EXCLUDED from  
school until the requested information is provided to me.

### **Objection to Immunization (New AND Returning)**

\_\_\_\_\_ I request exemption from complying with required immunizations  
Initial for my child due to **RELIGIOUS OBJECTION (filled out yearly)**

\_\_\_\_\_ I request exemption from complying with required immunizations  
Initial for my child due to **MEDICAL OBJECTION (filled out yearly)**  
for the follow health reason \_\_\_\_\_  
(A doctor's note must be submitted to the school)

### **PLEASE MARK ALL THAT APPLY**

- \_\_\_\_\_ All Immunizations
- \_\_\_\_\_ DTaP (Diphtheria, Tetanus, Pertussis)
- \_\_\_\_\_ Hepatitis B
- \_\_\_\_\_ Hepatitis A
- \_\_\_\_\_ Polio
- \_\_\_\_\_ Tdap (Tetanus & Pertussis)
- \_\_\_\_\_ MCV4 (Meningococcal)
- \_\_\_\_\_ Varicella (Chicken Pox)
- \_\_\_\_\_ MMR (Measles, Mumps, Rubella)

**\*\*I understand in the event of disease outbreak, the Department of Health may require non-immunized students to be excluded from school until the period of communicability ends.**

**\*\*I understand that school exclusion includes after-school activities, such as sporting events, dances and graduation.**

**\*\*THIS FORM MUST BE RENEWED EVERY SCHOOL YEAR**

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_