

**STATEMENT OF OBJECTION TO HEALTH
EXAMINATION AND IMMUNIZATIONS**

SCHOOL NAME: _____

ADDRESS: _____

STUDENT: _____

ADDRESS: _____

We, Legal Parents/Guardians of _____
state that the above child is hereby exempt from immunizations against Diphtheria, Pertussis,
Tetanus, Poliomyelitis, Measles, Rubella, Mumps, Haemophilus Influenzae, Varicella, and
Hepatitis B on RELIGIOUS GROUNDS of the ILLINOIS SCHOOL CODE, 105 ILCS 5/27-8.1, since
it is in conflict with my bona fide and sincerely held religious beliefs and practices regarding
natural health. Compulsory immunizations violate the God created laws of health by introducing
unnecessary toxins which destroy the built-in mechanism for developing immunity that is
present in a healthy body put forth within us by a higher force at creation.

We, Legal Parents/Guardians of the above stated assume FULL RESPONSIBILITY of this child's
health, thus removing same from school as far as compulsory immunizations go.

Parent's Name

Date

Parent's Name

Date

This form is to be attached to my child's health record.