



Twin Valley School District
4851 North Twin Valley Road
Elverson, PA 19520
(610) 286-8600

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

NAME _____ BIRTH DATE _____

ADDRESS _____

PARENT/GUARDIAN _____

PHONE NUMBER _____

MEDICAL EXEMPTION

The physical condition of the above named child is such that immunization would endanger life or health.

SIGNED BY PHYSICIAN _____ DATE _____

RELIGIOUS EXEMPTION

State your reason for requesting this exemption.

PHILOSOPHICAL/STRONG MORAL OR ETHICAL CONVICTION EXEMPTION

State your reason for requesting this exemption.

Signed by Parent/Guardian _____ Date _____