



FROM THE DESK OF THE SCHOOL NURSE



RE: Procedure for requesting Medical or Religious Waiver of vaccines.

For medical waiver a statement from the physician is required stating the medical reason why a student student may not receive each vaccine. Due to their medical condition and inability to receive vaccines, if there is an outbreak or exposure of any of the vaccine preventable diseases, the student will be excluded from school during the entire possible stage of infection in the school. They will however, be eligible for homebound services and attendance credit associated with the Homebound Program and policies once the Medical Referral For Adjustment of Educational Program is submitted by the student's doctor associated with the student's absence related to their medical waiver. This waiver must be **RENEWED ON A YEARLY BASIS**.

The new law requires that parents or legal guardians who object to vaccines on religious grounds to complete a Certificate of Religious Exemption, which must also be signed by the physician, advanced practice nurse or physician assistant responsible for performing the student examination and it must be **RENEWED ON A YEARLY BASIS**. The certificate **also requires the parent or guardian signature** to attest to understanding that their child may be excluded from school in the case of a vaccine-preventable disease outbreak or exposure but will not be eligible for any attendance recovery program.

All forms attached.



IMPORTANT MESSAGE FROM THE IMMUNIZATION SECTION

TO: VFC Providers

FROM: Carol Gibson Finley, Acting Chief, Immunization Section

CC: VFC Providers, Regional VFC Staff and VFC Contractors
Local Health Department Administrators, Regional Health Officers
School Health Clinics, School Health Nurses, School Personnel

DATE: August 18, 2015

SUBJECT: Religious Exemption Form for Use Beginning October 16, 2015

This memo is to inform all vaccine providers and school personnel of changes that will be occurring with key processes related to securing religious and medical exemptions to immunization requirements for children and students entering any public, charter, private or parochial preschool, kindergarten, elementary or secondary school.

On August 3, 2015, Public Act 099-0249 was enacted that changes the process for parents or legal guardians seeking a religious exemption to any required immunizations or examinations for their children. The new law requires that parents or legal guardians who object on religious grounds to complete a Certificate of Religious Exemption, which must also be signed by the physician, advanced practice nurse or physician assistant responsible for performing the student examination. The healthcare provider signature on this new form attests to informing the parent or legal guardian of the benefits of immunization and the health risks of not vaccinating the student. The certificate also requires the parent or guardian signature to attest to understanding that their child may be excluded from school in the case of a vaccine-preventable disease outbreak or exposure,

Use of the Certificate of Religious Exemption form is required beginning October 16, 2015 for all students entering kindergarten, sixth or ninth grades when the parent(s) or legal guardian(s) is requesting a religious exemption. This form also must be submitted to request religious exemption for any student enrolling to enter any public, charter, private or parochial preschool, kindergarten, elementary or secondary school on or after October 16, 2015. This effective date takes into account that most parents have already completed their child's physical exam/immunization requirements or submitted their religious objection letter for the 2015-16 school year and therefore, will not have to return to their physician to fill out the form for the Oct. 15 deadline.

The instructions for completing the Certificate of Religious Exemption form and the actual form are attached with this memo for your familiarity; we do not expect healthcare providers to furnish this document to parents or legal guardians. These documents are posted on the Public health website at www.dph.illinois.gov (then Search on "religious").

INSTRUCTIONS FOR COMPLETING

ILLINOIS CERTIFICATE OF RELIGIOUS EXEMPTION TO REQUIRED IMMUNIZATIONS AND/OR EXAMINATIONS FORM

Who may use the Certificate of Religious Exemption to Required Immunizations and/or Examinations Form:

- Parents or legal guardians who are requesting a religious exemption to immunizations or examinations **must** use this form for students entering kindergarten, sixth, or ninth grades.
- A separate form must be used for **each child** with a religious exemption enrolled to enter any public, charter, private or parochial preschool, kindergarten, elementary or secondary school.
- This form may not be used for exemptions from immunizations and/or examination for personal or philosophical reasons. Illinois law does not allow for such exemptions. (See excerpts below from Public Act 099-0249 enacted August 3, 2015 at page bottom.)

When use of this form becomes required: October 16, 2015

How to complete the Certificate of Religious Exemption to Required Immunizations and/or Examinations Form:

- Complete the Parent/Guardian sections, which include key information about the student and the school the student will be entering, and the immunizations or examinations for which religious exemption is being requested. Provide a statement of religious belief(s) **for each vaccination/examination requested**.
- The form must be signed by the child's parent or legal guardian **AND** the child's health care provider* **responsible for performing the child's health examination**.
- Submit the completed form to local school authority on or before October 15th of the school year, or by an earlier enrollment date established by a school district.

Religious Exemption from Immunizations and/or Examination Form Process:

- The local school authority is responsible for determining whether the information supplied on the Certificate of Religious Exemption to Required Immunizations and/or Examinations Form constitutes a valid religious objection.
- The local school authority shall inform the parent or legal guardian, at the time that the exemption is presented, of exclusion procedures, should there be an outbreak of one or more diseases from which the student is not protected, in accordance with the Illinois Department of Public Health (IDPH) rules, Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- Exempting a child from health, dental, or eye examination does not exempt the child from participation in the program of physical education training provided in Section 27-5 through 27-7 of the Illinois School Code [105 ILCS 5/27-5 through 105 ILCS 5/27-7]. A separate request for exemption from physical education, if desired, would need to be presented.

Excerpt from Public Act 099-0249 enacted August 3, 2015:

Children of parents or legal guardians who object to health, dental, or eye examinations or any part thereof, or to immunizations or to vision and hearing screening tests on religious grounds shall not be required to undergo the examinations or immunizations if the parents or legal guardians present to the appropriate local school authority a signed Certificate of Religious Exemption detailing the grounds for objection and the specific immunizations and/or examinations to which they object. The grounds for objection must set forth the specific religious belief(s) that conflict with the examination, immunization, or other medical intervention. The certificate will be signed by the parent or legal guardian to confirm their awareness of the school's exclusion policies in the case of a vaccine preventable disease outbreak or exposure. The certificate must also be signed by the child's health care provider responsible for performing the child's examination for entry into kindergarten, sixth or ninth grade. This signature affirms that the provider educated the parent or legal guardian about the benefits of immunization and the health risks to the student and to the community from the communicable diseases for which immunization is required in Illinois.

The religious objection provided need not be directed by the tenets of an established religious organization. However, general philosophical or moral reluctance to allow physical examinations, eye examinations, immunizations, vision and hearing screening or dental examinations will not provide a sufficient basis for an exception to statutory requirements. The local school authority is responsible for determining if the content of the Certificate of Religious Exemption constitutes a valid religious objection.

The local school authority shall inform the parent or legal guardian of exclusion procedures in accordance with IDPH's rules, Control of Communicable Diseases Code (77 Ill. Adm. Code 690) at the time the objection is presented.

**ILLINOIS CERTIFICATE OF RELIGIOUS EXEMPTION
TO REQUIRED IMMUNIZATIONS AND/OR EXAMINATIONS FORM**

PARENT OR LEGAL GUARDIAN - COMPLETE THIS SECTION

Note: This form is required for all students entering kindergarten, sixth or ninth grades when parent(s) or legal guardian(s) is requesting a religious exemption on or after October 16, 2015. This form also must be submitted to request religious exemption for any student enrolling to enter any public, charter, private or parochial preschool, kindergarten, elementary or secondary school on or after October 16, 2015.

This form may NOT be used for personal or philosophical reasons. Illinois law does not allow for such exemptions.

Student Name:(last, first, middle) _____	Student Date of Birth: Month Day Year ____/____/____	School Name: _____	Grade: _____
Parent/Guardian Name: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	City: _____	
Address: _____ _____	Telephone Number(s): _____ _____	Exemption requested for (mark all that apply): <input type="checkbox"/> Hepatitis B <input type="checkbox"/> DTaP <input type="checkbox"/> Polio <input type="checkbox"/> Hib <input type="checkbox"/> Pneumococcal <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> Td/Tdap <input type="checkbox"/> Meningococcal <input type="checkbox"/> Health Exam <input type="checkbox"/> Eye Exam <input type="checkbox"/> Dental Exam <input type="checkbox"/> Vision/Hearing Tests <input type="checkbox"/> Other (indicate below)	

To receive an exemption to vaccination/examination, a parent or legal guardian must provide a statement detailing the religious beliefs that prevent the child from receiving each required school vaccinations/examination being requested. In the space provided below, state each vaccination or examination exemption requested and state the religious grounds for each request. If additional space is needed, attach additional page(s).

Religious Exemption Notice:

No student is required to have an immunization/examination that is contrary to the religious beliefs of his/her parent or legal guardian. However, not following vaccination recommendations may endanger the health or life of the unvaccinated student, others with whom they come in contact, and individuals in the community. In a disease outbreak, or after exposure to any of the diseases for which immunization is required, schools may exclude children who are not vaccinated in order to protect all students.

I have read the Religious Exemption Notice (above) and have provided requested information for each vaccination/examination being requested for religious exemption.

Signature of parent or legal guardian (required) _____

Date _____

HEALTH CARE PROVIDER* – COMPLETE THIS SECTION

Provision of information: I have provided the parent or legal guardian of the student named above, with information regarding 1) the required examinations, 2) the benefits of immunization, and 3) the health risks to the student and to the community from the communicable diseases for which immunization is required in Illinois. I understand that my signature only reflects that this information was provided; I am not affirming the parent or legal guardian's religious beliefs regarding any examination, immunization or immunizing agent.

Health Care Provider Name: _____

Signature of health care provider* _____

Address: _____

Date: _____
(Must be within 1 year prior to school entry)

Telephone #: _____

*Health care provider responsible for performing child's health examination includes physicians licensed to practice medicine in all of its branches, advanced practice nurses, or physician assistants.

Chicago Public Schools
42 West Madison
Chicago, IL 60602

Medical Waiver Form

State law mandates physical examination and specific immunizations. If your child's health care provider/physician has a medical reason indicated against immunization, CPS requires a completed statement on file, submitted annually. Families are encouraged to submit this statement prior to the October 15th medical compliance deadline to avoid medical exclusion.

Please note that if there is an outbreak of disease for which your child is not immunized, your child may be unable to attend school for a period of time until the period of disease communicability has expired. A student with a Medical Waiver is eligible for Home-Hospital Services during the period of disease communicability. The Health Care Provider should complete the Medical Referral for Adjustment of Educational Program.

Child's Name: _____ Date of Birth: _____

is prohibited from receiving the following immunizations:

DTaP DPT DT Tdap Polio
 MMR Measles Mumps Rubella Varicella
 Hepatitis B HIB Meningitis Pneumococcal

Indicate specific medical condition that prohibits immunization on the space provided below. Use additional sheets if necessary. Return all pertinent information to the School Nurse.

I, _____ certify the accuracy of the above information:
(Print Name and indicate Health Care Provider type: MD, DO, NP, PA)

(Signature of Health Care Provider)

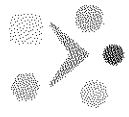
(Date)

(Address)

(Phone)

Copy to Student's Health Folder
Copy to Nursing Department Coordinator

TO BE COMPLETED ONLY AT THE TIME THE STUDENT REQUIRES SERVICES DUE TO POTENTIAL DISEASE EXPOSURE DUE TO MEDICAL WAIVER



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Form 1

Medical Referral for Adjustment of Educational Program

rev 7-2015

Section 1 is to be completed by the parent, nurse or homebound coordinator at the attendance school. Sections 2,3,4,5 are to be completed by the Physician. Section 6 is to be completed by the School Nurse. ALL SECTIONS MUST BE COMPLETED BEFORE THE FORM WILL BE REVIEWED AND CONSIDERED.

Some students need adjustments to their educational school program due to medical, physical or psychiatric conditions. In these unique instances, educational instruction may be provided in the home, hospital or treatment center. These instructional sites do not replicate actual classrooms and instruction is not a comparable alternative to daily school classroom instruction. Please complete this form for your patient who meets these distinctive conditions.

AN UPDATED MEDICAL REFERRAL WILL BE REQUIRED EVERY ONE TO THREE MONTHS DEPENDING ON THE NATURE AND EXTENT OF THE CHILD'S PRESENTING CONDITION. AN UPDATED REFERRAL MAY BE REQUIRED EVERY THREE (3) DAYS FOR INTERMITTENT STUDENTS with chronic conditions resulting in discontinuous attendance at school.

Send the Medical Referral, Teacher Application, and Teacher Acknowledgment to the Home and Hospital Instruction Program via email at homeandhospital@cps.edu.

1. STUDENT INFORMATION (completed by the School Nurse or School Homebound Coordinator)

Student's Name _____ School Name _____ Area _____
Today's Date _____ Date of Birth _____
Completed by _____ CPS ID# _____
Grade _____ Parent or Guardian _____
Home Phone Number _____ Cell Number _____ Work Phone Number _____
Home Address _____ Home Email Address _____

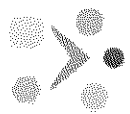
2. PHYSICIAN INFORMATION (completed by the Physician)

Physician's Name (Print) _____ Physician's License Number _____
Physician's Specialty (area of practice) _____
Phone _____ Fax _____ Physician's E-Mail _____
Hospital(s) Affiliation(s) _____
Physician's Signature _____ Date Signed _____

3. STUDENT ELIGIBILITY (completed by the Physician)

Date of Most Recent Medical Examination _____
Diagnosis Affecting School Attendance _____
Pertinent Information Which Includes How the Student's Medical Condition Affects the Student's Ability to Attend School





Specify Ongoing Treatment and/Interventions for Medical Condition that precludes the student's attendance in school

Medical Diagnosis _____ Medications _____

Pregnancy-Related Condition(s)-Students who are pregnant are not eligible for homebound instruction unless there are complications associated with the pregnancy, such as toxemia or miscarriage.

Anticipated Delivery Date _____ Actual Delivery Date _____

Complications Associated with Pregnancy/Delivery? (Please Check One Box) Yes No

If yes, specify the complications _____

Health of the Baby _____

Postpartum/Aftercare-Typically, students return to school after six (6) weeks of homebound instruction unless there were delivery complications, such as a Cesarean section.

4. TEACHING INSTRUCTIONAL DELIVERY SITE (COMPLETED BY THE PHYSICIAN). SELECT THE APPROPRIATE TEACHING SITE FOR THE STUDENT NAMED IN THIS REFERRAL.

- Hospital Teaching
- Treatment Center Teaching
- Homebound Teaching
- Intermittent Home Teaching

Facility _____
Name _____
Student is hospitalized for an acute or chronic medical condition

Facility _____
Name _____
Student has been placed by the district or a court system

Student is anticipated to be to be absent

Student is chronically ill and may be absent periodically throughout the year

Start Date _____
End Date _____

Start Date _____
End Date _____

Start Date _____
End Date _____

Start Date _____
End Date _____

5. TRANSITION BACK TO SCHOOL (completed by the Physician)

- Return to school with **no restrictions**
- Restrictions are to be determined **after** return to school
- Return to school with designated restrictions (Specify the nature and extent of the restrictions)

Specify _____





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Office of DIVERSE LEARNER
SUPPORTS + SERVICES



Form 1

Medical Referral for Adjustment of Educational Program

rev 7-2015

6. SCHOOL NURSE INFORMATION (completed by School Nurse)

I _____ (print name of the school nurse) contacted the student's Physician on _____ (specify the date). In addition, I reviewed all sections of the Medical Referral Form and consider the information to be complete and correct.

I _____ (check one) Agree Disagree with the need for homebound instruction.
Print Name

Date Physician contacted _____

Date reviewed by School Nurse _____

School Nurse's signature _____

