

Collinsville Unit School District #10
Medical Waiver to Immunization Requirements

In accordance with **Ill. Adm. Code 665.280 Physician Statement of Immunity**, a physician licensed to practice medicine in all of its branches who believes a child is protected against a disease according to a different schedule, may state in writing the reasons for that belief. Such statement should be attached to the child's school health record and accepted as satisfying the medical exception provision of the regulations. Schools must submit these statements with written consent of the parent or guardian to the regional immunization consultant of the Illinois Department of Public Health for review. IDPH will review the statements of lack of medical need with appropriate medical consultation. After review, a student is no longer considered to be in compliance, the student is subject to the exclusion provision of the law.

NOTE TO PARENT: If your physician has reason to believe your child is appropriately immunized, then your physician must provide a statement of immunity attached to the physical exam form. The school district will submit these documents along with parent authorization to IDPH for review.

Attach this form and the Doctor's Statement of Immunity to the Student Physical form and present to the school nurse.

Date _____

Student Name _____ DOB _____ Grade Level _____

Signature below indicates parent/guardian allowance of school district to submit documents to IDPH.

Parent/Guardian Signature _____ Date _____