

JEFF TECH
576 Vo Tech Road
Reynoldsville, PA. 15851
(814)-653-8265
FAX (814) 653-8425

Date:

Name:

Student Name:

Dear Parent/ Guardian,

In reviewing the immunization record for your child, we must verify your earlier decision to decline _____ **Vaccine(s)** because of **medical**, philosophical, religious or moral reasons. Please be advised that it is our intention to **verify this exemption yearly**, to be sure our records are current.

_____ I request my child continue to be exempt from mandated immunizations due to philosophical, religious or moral objections as are currently filed with the School District.

_____ Our situation has changed and I would like to have my child immunized. Please send information regarding updating immunizations.

Parent/ Guardian signature: _____

Date: _____

Thank you for your cooperation.

Sincerely,

Mrs. Jennie F. Votano, RN, BSN, CSN
Ms. Natasha Coleman, LPN
School Nurse