HRS COUNTY PUBLIC HEALTH UNIT STAMP SIGNATURE OF DIRECTOR/ADMINISTRATOR * DATE	SIGNATURE OF PARENT OR GUARDIAN DATE	I HAVE HAD EXPLAINED TO ME AND UNDERSTAND THE RISKS ASSOCIATED WITH THE DISEASES FOR WHICH IMMUNIZATIONS ARE REQUIRED FOR SCHOOL AND CHILD DAY CARE ADMITTANCE/ATTENDANCE AND HAVE REQUESTED EXEMPTION FROM THESE REQUIREMENTS FOR RELIGIOUS REASONS. I ALSO UNDERSTAND THAT SINCE MY CHILD HAS NOT BEEN IMMUNIZED AGAINST THE VACCINE REVENTABLE DISEASES, HE/SHE MAY BE EXCLUDED FROM ATTENDING THE SCHOOL OR CHILD CARE CENTER FOR THE DURATION OF A VACCINE-PREVENTABLE DISEASE OUTBREAK WHICH CAN LAST UNTIL 21 DAYS AFTER THE LAST CASE IS DETECTED AT THE FACILITY.	IMMUNIZATIONS ARE IN CONFLICT WITH MY RELIGIOUS TENETS OR PRACTICES. THEREFORE, I REQUEST THAT MY CHILD BE ENROLLED IN SCHOOL OR CHILD DAY CARE WITHOUT THE IMMUNIZATIONS REQUIRED BY SECTIONS 232.032, F.S. AND 402.305, F.S.	I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD. WE ARE MEMBERS OF THECHURCH OR RELIGIOUS SECT.	CHILD'S SS#	CHILD'S NAME (PRINTED) PARENT OR GUARDIAN		DATE OF BIRTH	CHILD'S NAME (PRINTED) CHILD'S SNAME (PRINTED) CHILD'S SNAME (PRINTED) CHILD'S SNAME (PRINTED) PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD. WE ARE MEMBERS OF THE CHILD'S SNAME IN CONFLICT WITH MY RELIGIOUS TENETS OR PRACTICES. THEREFORE, I REQUEST THAT MY CHILD BE ENVOLLED IN SCHOOL OR CHILD DAY CARE WITHOUT THE IMMUNIZATIONS REQUIRED BY SECTIONS 232.032, F.S. AND 402.305, F.S. I HAVE HAD EXPLAINED TO ME AND UNDERSTAND THE RISKS ASSOCIATED WITH THE DISEASES FOR WHICH IMMUNIZATIONS ARE REQUIRED FOR SCHOOL AND CHILD DAY CARE ADMITTANCE/ATTENDANCE AND HAVE REQUIESTED EXEMPTION FROM THESE REQUIRED FOR SCHOOL AND CHILD DAY CARE ADMITTANCE/ATTENDANCE AND HAVE REQUIESTED EXEMPTION FROM THESE REQUIRED FOR SCHOOL OR CHILD DAY CARE ADMITTANCE/ATTENDANCE AND HAVE REQUIESTED EXEMPTION FROM THESE REQUIRED FOR SCHOOL OR CHILD DAY CARE CENTER THE THE DISEASE OF THE SCHOOL OR CHILD CARE CENTER FROUTERMENTS FOR RELIGIOUS REASONS. I ALSO UNDERSTAND THAT SINCE MY CHILD HAS NOT BEEN MINIMUNIZED AGAINST THE VACCINE REVENTABLE DISEASE DUTBREAK WHICH CAN LAST UNTIL 21 DAYS AFTER THE LAST CASE IS DETECTED AT THE FACILITY. SIGNATURE OF PARENT OR GUARDIAN DATE HRS COUNTY PUBLIC HEALTH UNIT STAMP SIGNATURE OF DRING SINCED BY THE HRS COUNTY PUBLIC HEALTH UNIT DIRECTOR/ADMINISTRATOR OR HIS AUTHORIZED DESIGNEE. THE PARENT OR LEGAL GUARDIAN MUST PRESENT THIS COUNTY DIBLE CHEALTH UNIT SCHOOL OR CHILD CARE CENTER. HRS FORM THE CHEAT OR GUARDIAN DESIGNEE. THE PARENT OR LEGAL GUARDIAN MUST PRESENT THIS COUNTY PUBLIC HEALTH UNIT SCHOOL OR CHILD CARE CENTER.
 RELIGIOUS EXEMPTION IS APPROVED ONLY IF HRS FORM 681 IS ISSUED AND SIGNED BY THE HRS COUNTY PUBLIC HEALTH UNIT DIRECTOR/ADMINISTRATOR OR HIS AUTHORIZED DESIGNEE. THE PARENT OR LEGAL GUARDIAN MUST PRESENT THIS COMPLETED FORM TO THE SCHOOL OR CHILD CARE CENTER. 	HRS COUNTY PUBLIC HEALTH UNIT STAMP SIGNATURE OF DIRECTOR/ADMINISTRATOR * PRELIGIOUS EXEMPTION IS APPROVED ONLY IF HRS FORM 681 IS ISSUED AND SIGNED BY THE HRS COUNTY PUBLIC HEALTH UNIT DIRECTOR/ADMINISTRATOR OR HIS AUTHORIZED DESIGNEE. THE PARENT OR LEGAL GUARDIAN MUST PRESENT THIS COMPLETED FORM TO THE SCHOOL OR CHILD CARE CENTER.	HRS COUNTY PUBLIC HEALTH UNIT STAMP • RELIGIOUS EXEMPTION IS APPROVED ONLY IF HRS FORM 681 IS ISSUED AND SIGNED BY THE HRS COUNTY PUBLIC HEALTH UNIT DIRECTOR/ADMINISTRATOR OR HIS AUTHORIZED DESIGNEE. THE PARENT OR LEGAL GUARDIAN MUST PRESENT THIS COMPLETED FORM TO THE SCHOOL OR CHILD CARE CENTER.	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I ALSO UNDERSTAND THAT SINCE MY CHILD HAS NOT BEEN IMMUNIZATIONS AS RECUIRED FOR STAND THAT SINCE MY CHILD HAS NOT BEEN IMMUNIZATIONS AS RECUIRED FOR ATTENDING THE SCHOOL OR CHILD CARE CENTER FOR THE DURATION OF A VACCINE-PREVENTABLE DISEASES OUTBREAK WHICH CAN LAST UNTIL 21 DAYS AFTER THE LAST CASE IS DETECTED AT THE FACILITY. SIGNATURE OF PARENT OR GUARDIAN DATE RELIGIOUS EXEMPTION IS APPROVED ONLY IF HRS FORM 861 IS ISSUED AND SIGNED BY THE HRS COUNTY PUBLIC HEALTH UNIT DREOT FORM 10 THE SCHOOL OR CHILD CARE CENTER. PRESENTED FORM 10 THE SCHOOL OR CHILD CARE CENTER. OMPLETED FORM 10 THE SCHOOL OR CHILD CARE CENTER.	HRS Form 681, Jun 94 (Obxoletes previous editions which may not be used) (Stock Number: 5740-000-0681-4)
	SIGNATURE OF DIRECTOR/ADMINISTRATOR *	IAN DATE SIGNATURE OF DIRECTOR/ADMINISTRATOR *	I HAVE HAD EXPLAINED TO ME AND UNDERSTAND THE RISKS ASSOCIATED WITH THE DISEASES FOR WHICH IMMUNIZATIONS ARE REQUIRED FOR SCHOOL AND CHILD DAY CARE ADMITTANCE/ATTENDANCE AND HAVE REQUESTED EXEMPTION FROM THESE REQUIREMENTS FOR RELIGIOUS REASONS. I ALSO UNDERSTAND THAT SINCE MY CHILD HAS NOT BEEN IMMUNIZED AGAINST THE VACCINE REVENTABLE DISEASES, HE/SHE MAY BE EXCLUDED FROM ATTENDING THE SCHOOL OR CHILD CARE CENTER FOR THE DURATION OF A VACCINE-PREVENTABLE DISEASE OUTBREAK WHICH CAN LAST UNTIL 21 DAYS AFTER THE LAST CASE IS DETECTED AT THE FACILITY. SIGNATURE OF PARENT OR GUARDIAN DATE DATE BROWNING THE DISEASE OUTBREAK WHICH CAN LAST UNTIL 21 DAYS AFTER THE LAST CASE IS DETECTED AT THE FACILITY. DATE DATE	IMMUNIZATIONS ARE IN CONFLICT WITH MY RELIGIOUS TENETS OR PRACTICES. 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I HAVE HAD EXPLAINED TO ME AND UNDERSTAND THE RISKS ASSOCIATED WITH THE DISEASES FOR WHICH IMMUNIZATIONS ARE REQUIRED FOR SCHOOL AND CHILD DAY CARE ADMITTANCE/ATTENDANCE AND HAVE REQUESTED EXEMPTION FROM THESE REQUIREMENTS FOR RELIGIOUS REASONS, I ALSO UNDERSTAND THAT SINCE MY CHILD HAS NOT BEEN IMMUNIZED AGAINST THE COUNTER REVENTABLE DISEASES, HE'SHE MAY BE EXCLUDED FROM ATTENDING THE SCHOOL OR CHILD CARE CENTER FOR THE DURATION OF A VACCINE-PREVENTABLE DISEASE OUTBREAK WHICH CAN LAST UNTIL 21 DAYS AFTER THE LAST CASE IS DETECTED AT THE FACILITY. SIGNATURE OF PARENT OR GUARDIAN DATE SIGNATURE OF PARENT OR GUARDIAN SIGNATURE OF DIRECTOR/ADMINISTRATOR* DATE DATE	 RELIGIOUS EXEMPTION IS APPROVED ONLY IF HRS FORM 681 IS ISSUED AND SIGNED BY THE HRS COUNTY PUBLIC HEALTH UNIT DIRECTOR/ADMINISTRATOR OR HIS AUTHORIZED DESIGNEE. THE PARENT OR LEGAL GUARDIAN MUST PRESENT THIS COMPLETED FORM TO THE SCHOOL OR CHILD CARE CENTER.
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