

**IMMUNIZATION EXEMPTION FORM**

As a parent/guardian of \_\_\_\_\_  
(Student name)

In grade \_\_\_\_\_ and date of birth \_\_\_\_\_

I am requesting a waiver for the following immunizations:

All required immunizations:

Specific Immunizations: Tdap  DTAP  I/OPV  MMR   
Varicella

I understand that in the case of an outbreak of the specific disease for which my child is not protected, my child will be kept out of school and school activities. The length of time my child will be kept out of school may vary from a week to over a month depending on the disease and length of the outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring. The school may make reasonable accommodations to assist my child in keeping up with class work.

---

**Medical Exemption** (Physician to complete A or B, date and sign)

A. The following immunizations are harmful to this child's health \_\_\_\_\_

B. I observed this child while he/she experienced the following illness(es) and vaccine designed to protect against the disease(s) named is not necessary \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Physician's Signature

---

Parents or Guardians seeking exemption on the basis of Religious or Philosophical Objection should provide a written statement below: (must be signed annually)

---

**RELIGIOUS OR PHILOSOPHICAL OBJECTION**

---

---

---

---

---

---

---

---

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Guardian