

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: 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 a vaccine designed to protect against the disease(s) is not necessary _____

_____ Date _____ Physician's Signature

Parents or Guardians seeking exemption on the basis of sincere religious or philosophical belief should provide a written statement below:

SINCERE RELIGIOUS OR PHILOSOPHICAL BELIEF

_____ Date _____ Signature of Parent or Guardian