

I understand that if an outbreak of vaccine-preventable disease occurs for which my child is exempt, my child may be excluded from school for the duration of the outbreak. I affirm that the information on this form is complete and correct.

## **\*\*Immunization Exemption Form\*\***

(Medical/Religious/Philosophical)

For School Immunization Requirements

<b>Student's Full Name:</b>	<b>Birthdate (mm/dd/yyyy):</b>	<b>Grade Level:</b>	<b>Student ID:</b>
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<b>Parent or Guardian's Name:</b>	<b>Telephone Number:</b>
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<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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**NOTICE:** When a health care practitioner has determined a specific vaccination is not advisable for the child for medical reasons, this form must be completed by a physician and submitted to the student's school at the start of each school year.

### **\*\*Medical Exemption\*\***

Children need not be immunized if a physician or the physician's designee provides a written statement that immunization may be detrimental to the health of the child. (Please indicate which vaccine antigen(s) the medical exemption is referring to):

☐ **Medical**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Acellular Pertussis	<input type="checkbox"/> Polio
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella
<input type="checkbox"/> Varicella (chickenpox)	<input type="checkbox"/> Meningococcal		

### **Physician Declaration**

I declare that the physical condition of the above-named child is such that immunization would endanger life or health.

Physician Name (print)	Physician Signature	Date
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**NOTICE:** A parent or guardian may exempt their student from the vaccinations listed below by submitting this completed form to the student's school at the start of each school year.

### **\*\*Personal/Philosophical or Religious Exemption\*\***

I am exempting my child from the requirement that my child be vaccinated against the following disease(s) to attend school. (Select an exemption type and the vaccinations you wish to exempt your child from):

☐ **Personal/Philosophical**    ☐ **Religious**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Acellular Pertussis	<input type="checkbox"/> Polio
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella
<input type="checkbox"/> Varicella (chickenpox)	<input type="checkbox"/> Meningococcal		

**State your reason for requesting this exemption:**

### **Parent/Guardian Declaration**

One or more of the required vaccines conflicts with my personal, philosophical, or religious beliefs. I understand that if an outbreak of vaccine-preventable disease occurs for which my child is exempt, my child may be excluded from school for the duration of the outbreak. I affirm that the information on this form is complete and correct.

Parent/Guardian Name (print)	Parent/Guardian Signature	Date
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