

Immunization Exemption Form

Student Name _____ Date of Birth _____

Parent/Guardian _____

Address _____ Telephone # _____

Please Circle Present Grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

.....

Statement of Exemption to Immunization Law

Medical Exemption

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

Physician Signature _____ Date _____

Physician Printed Name _____

Religious Exemption

(Includes a strong moral or ethical conviction similar to a religious belief)

Parent of guardian of the above-named child adheres to a religious belief whose teachings are opposed to such immunizations.

State your reason for requesting a religious exemption _____

Parent of Guardian Signature _____ Date _____