

Statement of Exemption to Immunization Requirements

Student Name: _____

Student Number: _____

Parent/Guardian Name: _____

In the event of an outbreak, exempted persons may be subject to exclusion from school and to quarantine.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

Medical exemption to the following vaccine(s):

Signed _____ Date _____
Physician

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

Signed _____ Date _____
Parent, Guardian

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

Signed _____ Date _____
Parent, Guardian