

## 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 \_\_\_\_\_

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### 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 \_\_\_\_\_