



Exemption from Immunization

Name of Student: _____

Birthdate: _____

Address: _____

Parent or Guardian: _____

Phone: _____

Please Circle Present Grade: K 1 2 3 4 5 6 7 8

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

MEDICAL

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

Signature of Physician

Date

RELIGIOUS EXEMPTION

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

Parent or legal 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: _____

Signature of Parent/Legal Guardian

Date