

Statement of Exemption to Immunization Law

NOTICE:

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

_____ Until _____
Vaccine(s) Date

TYPE or PRINT name of Licensed Health Care provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider Signature Date

Personal Exemption

Religious Exemption

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak.

I do not want my child to receive the following vaccine(s):

Vaccine(s)

Signature of Parent or Guardian Date

Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella/varicella (please circle).

Attach TITER results.

TYPE or PRINT name of Licensed Health Care provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider Signature or Stamp Date

For More Information:

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#parents>