



## **IMMUNIZATION EXEMPTION FORM**

As a parent/guardian of \_\_\_\_\_, I am requesting a waiver  
Child's name

for the following required immunizations:

**All required Immunizations**

- DTAP (Diphtheria, Tetanus and Pertussis)
- IPV/ OPV (Polio)
- MMR
- Varicella (Chicken Pox)
- HIB (Haemophilus influenzae type B)
- Hepatitis A
- Hepatitis B
- PCV 7 (Pneumococcal Conjugate)

**I understand that in the case of an outbreak of the specific disease for which my child is not protected, my child will be kept out of the program and program activities. The length of time my child will be kept out of the program may vary from a week to over a month depending on the disease and length of the outbreak.**

I am requesting this waiver because of:

- My sincere religious belief
- Philosophical reasons
- Medical Reasons (**I have attached the required MD verification.**)

My explanation is as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to student, if not a parent