

Name _____ Birthdate _____

Address _____ Parent or guardian _____

Telephone _____
Please circle present grade. K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

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.

Signed _____ Date _____
(PHYSICIAN)

RELIGIOUS EXEMPTION

State your reason for requesting this exemption.

PHILOSOPHICAL/STRONG MORAL OR ETHICAL CONVICTION EXEMPTION

State your reason for requesting this exemption.

Signed _____ (Date)
(PARENT OR GUARDIAN)