



Exemption Statement

Student Information

Student's Last Name	First Name	Middle Initial	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Grade		
Known Allergies			

Exemption Statement- Complete this section ONLY if you are claiming an Exemption

Medical Exemption (This must be completed by a healthcare provider.) The physical condition of the above-named student is such that immunization would endanger the student's life or health. The student is exempt from the immunizations specified above due to his or her condition. If a medical exemption is necessary for an individual vaccine or dose, please write "Exempt" in the appropriate field(s) above.	
Health care Provider's name	Phone
Healthcare Provider's signature	Date

Religious Exemption I, the parent/legal guardian of the above named student, am adherent to a religious belief whose teachings are opposed to such immunizations.	
Parent/Guardian Name	
Parent/Guardian Signature	Date