

Name _____

Birthdate _____

Address _____

Parent or Guardian _____

Phone _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

MEDICAL EXEMPTION

THE PHYSICAL CONDITION OF THE ABOVE NAMED CHILD IS SUCH THAT IMMUNIZATIONS WOULD ENDANGER LIFE OR HEALTH.

SIGNED _____ DATE _____
(PHYSICIAN)

RELIGIOUS EXEMPTION

PARENT OR GUARDIAN OF THE ABOVE NAMED CHILD ADHERES TO A RELIGIOUS BELIEF WHOSE TEACHINGS ARE OPPOSED TO IMMUNIZATIONS.

SIGNED _____ DATE _____
(PARENT OR GUARDIAN)

PERSONAL EXEMPTION

PARENT OR GUARDIAN OF THE ABOVE NAMED CHILD ADHERES TO A PERSONAL BELIEF WHOSE TEACHINGS ARE OPPOSED TO IMMUNIZATIONS.

SIGNED _____ DATE _____
(PARENT OR GUARDIAN)