Medical Exemption Form

Student Name: ____________________________________________

Medical Exemption:
The student named above does not have one or more of the required immunizations because he/she has: (Check all that apply)

___ documentation of a confirmed (as opposed to self-report) diagnosis of ________________________________ disease(s) in his/her health history.

___ a medical condition that contraindicates receiving the ________________________________ vaccine(s).
  (contraindicating condition is ________________________________).

___ has had a blood titer test on ____________________________________,
  which indicates immunity against ________________________________.

Physician signature ____________________________________________ Date __________________________

Conscientious Exemption
A notarized statement that having immunizations are against the student's religious beliefs.

I hereby certify that being immunized against ____________________________________ is against my religious beliefs.

Student's signature ____________________________________________ Date __________________________

Subscribed and sworn before me on the __________________ day of __________________, 20__________

Signature of Notary ____________________________________________ Official Stamp __________________