

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

(Includes a strong moral or ethical conviction similar to a religious belief.)

Parent or guardian of the above-named child adheres to a religious belief whose teachings are opposed to such immunizations.

State your reason for requesting a religious exemption \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(PARENT OR GUARDIAN )