

Exemption Request – For Immunization Requirement

Conscientious Exemption, Records Not Available and Born Before 1957 need notary signature; Medical Exemption needs physician signature

Name (First, Middle, Last)		
Address		
City	State	Zip code
Phone Number		
Email address		

Date of Birth	____/____/____
Student ID #	_____
SSN	____-____-_____

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

- Documentation of a confirmed (as opposed to self-reported) diagnosis _____ disease(s) in the health history.
- A medical condition that contraindicates receiving the _____ vaccine.
- Is pregnant or nursing and needs temporary exemption until _____. (Fill in date)
- Other (please explain) _____.

 Signature of Physician, Asst., or NP Clinical Address Phone Number Date

Conscientious Exemption: A notarized statement that the immunizations are against the student's religious beliefs. I hereby certify that being immunized against Measles, Mumps, Rubella is against my religious beliefs.

Signature of Student _____
Date

Records Not Available: A notarized statement that the immunizations were received but the records are unavailable for the indicated reason. I hereby certify that I have received the required Measles, Mumps, Rubella immunizations, but the records are no longer available for the following reasons:

(Please Explain)

Signature of Student _____
Date

Born Before 1957

I hereby certify that I was born before 1957 and am therefore not required to receive Measles, Mumps, Rubella immunizations.

Signature of Student _____
Date

Subscribed and sworn before _____ Name of Notary
On the day of _____, _____ Signature of Notary

Official Stamp
