

VACCINATION EXEMPTION FORM

Name: _____

Student ID: _____ Date of Birth: _____

COMPLETE THE APPROPRIATE SECTION BELOW IF THE STUDENT IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS.

MENINGITIS WAIVER FORM MUST BE COMPLETED IF STUDENT NOT RECEIVED MENINGITIS VACCINATION.

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MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: ☐ Permanent condition ☐ Temporary condition until ____/____/____

The above individual has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication:

Medical Provider Name/Title: _____

Signed: _____ Date: _____

RELIGIOUS OBJECTION (age 18 and older):

Due of my bona fide religious beliefs and practices, I object to any vaccine(s). This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

RELIGIOUS OBJECTION (age 17 and younger):

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Name: _____ Relation to Student: _____

Signed: _____ Date: _____