

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

*If you prefer, you may submit an exemption for each child in lieu of immunization records
(most families choose Personal Exemption).*

CHILD INFORMATION

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Phone _____

MEDICAL EXEMPTION

The physical condition of the above named child is such that immunizations would endanger life or health.

Physician Signature _____ Date _____

RELIGIOUS EXEMPTION

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

Parent/Guardian Signature _____ Date _____

PERSONAL EXEMPTION

Parent or guardian of the above named child has a personal belief opposed to immunizations.

Parent/Guardian Signature _____ Date _____