



IMMUNIZATION EXEMPTION FORM

Vaccine preventable diseases continue to exist. Immunizations are one of the most cost effective measures to protect children, adolescents, and adults from harmful vaccine preventable diseases and possible death. A high proportion of children and adolescents must be immunized to prevent outbreaks of disease in school settings and other places where children and adolescents are educated, work, and play close together.

An individual, parent or guardian wishing to exempt themselves or their child from some or all vaccinations must provide a written statement indicating the objections to the vaccination(s). A person who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. This person may be subject to exclusion from school, group facilities or other programs, if the local and/or state public health authority advises exclusion as a disease control measure.

By signing this exemption form, I acknowledge that I have been educated and received materials regarding the benefits of vaccination. I have had an opportunity to ask questions which were answered to my satisfaction. I further acknowledge that I may be placing myself, and or my child and others at risk of serious illness should I, or my child contract a disease that could have been prevented through proper vaccination. Unimmunized students are subject to be asked to leave campus at their own expense if outbreaks of vaccine-preventable diseases occur. I feel I understand the risks associated with not receiving the vaccine(s) checked below.

All information must be filled in below:

I swear or affirm that I, _____(name) or my child, named _____(child's name), date of birth _____, object to being immunized with the vaccine(s) that I checked below.

- DTaP, DT, Td, Tdap (Diphtheria, Tetanus, acellular Pertussis)
- Hepatitis B
- Meningococcal
- MMR (Measles, Mumps, Rubella)

Reason:

Parent(s)/Gaurdian(s) Name(s): _____

Signature of Student (if 18 and older): _____ Date: _____

Signature of Parent/Gaurdian: _____ Date: _____