



# Exemption Request for Immunization Requirement

Name (First, middle, last)			Date of Birth <table border="1"><tr><td>Mo</td><td>Day</td><td>Yr</td></tr></table> Student ID# <input type="text"/> SSN _____ - _____ - _____	Mo	Day	Yr
Mo	Day	Yr				
Address						
City	State	Zipcode				
Phone Number						
Email Address						

**Medical Exemption:** The student named above does not have one or more of the required immunization 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 having immunizations are against the student's religious beliefs. I hereby certify that being immunized against Measels, 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 Measels, 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 the Measles, Mumps, Rubella immunizations.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Subscribed and sworn before \_\_\_\_\_  
Name of Notary

on the day of \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary

Official Stamp