**Medical Exemption**

Check only specific vaccine(s) that is or may be detrimental to the patient’s health:

- [ ] Hepatitis B  
- [ ] Rubella  
- [ ] Meningococcal ACWY  
- [ ] Measles  
- [ ] Tdap  
- [ ] Meningitis B  
- [ ] Mumps  
- [ ] Varicella  
- [ ] Rubella  
- [ ] Tdap  
- [ ] Meningococcal ACWY  
- [ ] Meningitis B  
- [ ] Varicella

Reason for medical exemption(s) ____________________________________________

This exemption will likely continue until __________/________/__________

The law requires that the student receive the vaccine(s) for which they are exempted when the vaccine(s) is no longer contraindicated.

**Religious Exemption or Other Reason**

- [ ] Hepatitis B  
- [ ] Rubella  
- [ ] Meningococcal ACWY  
- [ ] Measles  
- [ ] Tdap  
- [ ] Meningitis B  
- [ ] Mumps  
- [ ] Varicella  
- [ ] Rubella  
- [ ] Tdap  
- [ ] Meningococcal ACWY  
- [ ] Meningitis B  
- [ ] Varicella

Religious Exemption (Includes a strong moral or ethical conviction similar to a religious belief.)

Parent or guardian of the above name child adheres to a religious belief whose teachings are opposed to such immunizations OR holds a strong moral or ethical conviction similar to a religious belief that is opposed to such immunizations.

Other Comments/Explanations ________________________________________________

Signature Parent/Guardian __________/________/__________

Signature Parent/Guardian __________/________/__________