

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Parent or guardian \_\_\_\_\_  
Telephone \_\_\_\_\_  
Please circle present grade. K 1 2 3 4 5 6 7 8 9 10 11 12 Other \_\_\_\_\_

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW**

**MEDICAL EXEMPTION**

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

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(PHYSICIAN)

**RELIGIOUS EXEMPTION**

**PHILOSOPHICAL/STRONG MORAL OR ETHICAL CONVICTION EXEMPTION**

State your reason for requesting this exemption.

X

Signed X \_\_\_\_\_ X \_\_\_\_\_  
(PARENT OR GUARDIAN) (Date)