

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
Telephone \_\_\_\_\_  
Please Circle Present Grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Sp. Ed.

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW**

**MEDICAL EXEMPTION**  
The physical condition of the above named child is such that immunizations would endanger life or health.  
Signed \_\_\_\_\_ (Physician) \_\_\_\_\_ Date \_\_\_\_\_

**RELIGIOUS EXEMPTION**  
(Includes a strong moral or ethical conviction similar to a religious belief.)  
Parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations.  
State your reason for requesting a religious exemption \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signed \_\_\_\_\_ (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_