

IMMUNIZATION EXEMPTION VERIFICATION

Please complete the appropriate section below:

A. Religious Exemption

I, _____, am a member of a specified and recognized religious organization whose teachings are contrary to the administration of immunizing agents against poliomyelitis, diphtheria, and measles/mumps/rubella.

Therefore, I withhold permission for my child, _____
(Child's name)

To be immunized for the above diseases.

(parent/guardian) (date)

(clergy) (date)

(witness) (date)

B. Medical Exemption

I, _____, withhold permission for my child
(parent/guardian)

_____, to be immunized against
(child's name)

poliomyelitis, diphtheria, and measles/mumps/rubella for the medical reasons stated below:

Reasons: (to be completed by health care provider)

(parent/guardian) (date)

(Doctor) (date)

(witness) (date)

