

# Statement of Exemption to Immunization Law

Your Child can be exempted (excused) from immunization for medical, personal, or religious reasons. However, if there is an outbreak of a vaccine-preventable disease, and your child has not been vaccinated, then he/she may be excluded from school.

Please complete or have your healthcare provider complete the following section to have your child exempted from the immunization requirements for school.

Name of student: \_\_\_\_\_

## 1. IS THIS A MEDICAL EXEMPTION \_\_\_ YES \_\_\_ NO (if no, then skip to 2.)

The child named on this form is medically exempted from the requirement for the following vaccine(s):

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Printed name of healthcare provider \_\_\_\_\_

Healthcare provider signature \_\_\_\_\_

Date \_\_\_\_\_

## 2. IS THIS A PERSONAL BELIEF/RELIGIOUS EXEMPTION \_\_\_ YES \_\_\_ NO

The parent or guardian of the child named on this form adheres to a religious belief the teachings of which are opposed to immunizations or holds a strong moral or ethical conviction that is opposed to such immunizations.

Vaccines: \_\_\_\_\_

\_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

## 豁免疫苗接种的法律声明

您的孩子可出于医疗、个人或宗教原因，获得疫苗接种的豁免。但如果出现疫苗可预防疾病的暴发，而您的孩子尚未接种疫苗，则可能也需要离校。

请您本人或由您的医疗保健提供方填写以下部分，以便让您的孩子得到学校疫苗接种要求的豁免。

学生姓名：

**1. 是否为医疗原因的豁免**                    **是**                    **否** （如为“否”，则跳转至第 2 条）。

本表中所列儿童因医疗原因免于接种以下疫苗：

意见：

医疗保健提供方的打印姓名：

医疗保健提供方的签名：

日期：

**2. 是否为个人信仰/宗教原因的豁免**                    **是**                    **否**

本表中所列儿童的父母或监护人信奉宗教信仰，其教义反对疫苗接种，或对反对疫苗接种持有强烈的道德或伦理信念。

疫苗：

家长/监护人的打印姓名：

家长/监护人签字：

日期：