

Cottonwood Joint School District No. 242

STUDENTS

3525F

School Immunization Requirements Certificate of Exemption

Student Name: _____

Birthdate: _____

School: _____

Grade: _____

Address: _____

Parent/Guardian Name: _____

Phone Number: _____

Exemptions to the Immunization Law

Please mark all immunizations which are included in this exemption:

_____ Measles, Mumps, and Rubella (MMR)

_____ Diphtheria, Tetanus, Pertussis

_____ Polio

_____ Hepatitis B

_____ Hepatitis A (if born after September 1, 2005)

_____ Varicella (if born after September 1, 2005)

7th Grade Requirements

_____ Diphtheria, Tetanus, Pertussis (if admitted to the 7th grade during or after 2011-2012)

_____ Meningococcal (if admitted to the 7th grade during or after 2011-2012)

Please mark the type of exemption you are claiming.

_____ Medical Contraindications: I hereby certify that the physical condition of this child is such that the following immunizations would endanger the life or health of the child.

This type of exemption requires the signature of a physician:

_____ Religious and/or Personal Exemption: Please provide your reason(s) for claiming an exemption to the required immunizations. _____

_____ I have laboratory proof of immunity to at least one of the childhood diseases listed above.

_____ This child had varicella (chickenpox) diagnosed by a licensed physician upon personal examination signed statement from the diagnosing physician.

This type of exemption requires the signature of a physician:

Parent/Guardian Signature: _____