



## CERTIFICATE OF EXEMPTION

Please Print Clearly

_____	_____	_____	_____
Student's Name	Birth Date	School	Grade
_____	_____	_____	_____
Address	Parent or Guardian	Telephone Number	

### Exemptions to Immunization Law

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

\_\_\_\_\_  
Signature of Physician

**Religious Contraindications:** I hereby certify that immunizations are contrary to the teaching of this child's religion.

\_\_\_\_\_  
Signature of Religious Leader

**Exemptions for Personal Grounds:** Please provide a short explanation of personal grounds for refusing immunizations.

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date