

**Immunization Record**

Name of Student \_\_\_\_\_

Date of Tdap, Boostrix or Adacel \_\_\_\_\_

Date of Meningococcal \_\_\_\_\_

Physician's signature \_\_\_\_\_

**Exemption Waiver**

I wish to exempt my student from the booster dose of Tdap.Boostrix,Adacel and/or Meningococcal. I understand by exempting my student from required vaccines my student could be exempted from school should an outbreak of a communicable disease occur.

Please indicate your reason for the exemption:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Completed forms or a picture of the form should be uploaded to student's Final Form account.**