



Please attach a copy of your child's immunizations or an Exemption from Immunizations Form

Kindergarten - 6th Grade

- | | |
|--|---------------|
| 4 DT (one dose given on or after 4th. birthday) | 2 MMR |
| 4 Polio (one dose given on or after 4th. birthday) | 3 Hepatitis B |
| 2 Varicella or history of disease (chickenpox) | |

7th - 11th Grade

- | | |
|--|---------------|
| 4 DT (one dose given on or after 4th. birthday) | 2 MMR |
| 4 Polio (one dose given on or after 4th. birthday) | 3 Hepatitis B |
| 2 Varicella or history of disease (chickenpox) | 1 TDap |
| 1 MCV | |

12th Grade

- | | |
|--|---------------|
| 4 DT (one dose given on or after 4th. birthday) | 2 MMR |
| 4 Polio (one dose given on or after 4th. birthday) | 3 Hepatitis B |
| 2 Varicella or history of disease (chickenpox) | 1 TDap |
| 2 MCV (second dose given on or after 16th. birthday) | |

Statement of Exemption to Immunization Law

Student Name _____

Medical Exemption

The physical condition of the above named child is such that immunization would endanger life.

(Physician's Signature)

(Date)

Faith Based Exemption

State your reason for requesting this exemption.

Philosophical/Strong Moral or Ethical Conviction Exemption

State your reason for requesting this exemption.

(Parent or Guardian Signature)

(Date)