

VACCINATION EXEMPTION FORM

Name: _____

Student ID: _____ Date of Birth: _____

COMPLETE THE APPROPRIATE SECTION

RELIGIOUS OBJECTION (age 18 and older):

Due to my bona fide religious beliefs and practices, I object to any vaccine(s). This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

RELIGIOUS OBJECTION (age 17 and younger):

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Name: _____ Relation to Student: _____

Signed: _____ Date: _____