

# Annual Immunization Exemption Form

## MSSM Health Services

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am requesting a waiver for the following immunizations:

(PLEASE CHECK ALL THAT APPLY)

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| <b>DPT (diphtheria, pertussis, and tetanus)</b> | <input type="checkbox"/> | <b>VARICELLA (Chicken Pox)</b>             | <input type="checkbox"/> |
| <b>Hepatitis A</b>                              | <input type="checkbox"/> | <b>Meningitis</b>                          | <input type="checkbox"/> |
| <b>MMR (measles, mumps, and rubella)</b>        | <input type="checkbox"/> | <b>I/OPV (injected/oral polio vaccine)</b> | <input type="checkbox"/> |

I am requesting a waiver due to:

(PLEASE CHECK ALL THAT APPLY)

- Sincere Religious Belief**       **Philosophical Reason**

My explanation is as follows:

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I understand that in the event of an outbreak of a specific disease against which my child is not protected, he/she will be excluded from MSSM and MSSM activities until it is safe for him/her to return. My child will not be allowed to return to the School for at least 16 days from the last identified case. The specific length of time my child will be excluded from MSSM will vary, depending on the disease and the duration of the outbreak. I also understand that if my child is excluded from MSSM, the School is not required to provide off-site classes or tutoring.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Immunization exemptions must be declared on an annual basis.**