

Refusal of Immunization For Medical Reasons

As the Physician of:

Child's Last Name	Child's First Name	Age
Birth Date (mm/dd/yyyy)	School	Grade

I have elected to not immunize this student against the following disease(s):

Each disease for which a vaccine has not been administered must be checked. Parent/guardian must submit dates of immunizations for all other diseases.

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles (Rubeola)
- Mumps
- Rubella (German Measles)
- Hepatitis B
- Varicella
- Pneumococcal Conjugate
- HIB (Haemophilus Influenza Type b)

In my opinion, this immunization would be injurious to the health and well-being of:

- The student
- A member of the student's household or family

Comments _____

Signature of Physician

Date