

## REFUSAL OF IMMUNIZATION For Medical Reasons

As the physician of:

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

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 immunization for all other diseases.*

- Diphtheria .....
- Tetanus .....
- Pertussis .....
- Polio .....
- Measles (Rubeola) .....
- Mumps .....
- Rubella (German Measles) .....
- Hepatitis B .....
- Varicella .....
- Pneumococcal Conjugate .....
- HIB (Haemophilus Influenzae 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: \_\_\_\_\_

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<i>Signature of Physician</i>	<i>Date</i>
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