

Name _____

Date of Birth _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

Medical exemption to the following vaccine(s):

Signed _____

(Physician)

Date _____

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

Religious exemption to the following vaccine(s):

Signed _____

(Parent, guardian, emancipated student/consenting minor)

Date _____

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

Personal exemption to the following vaccine(s):

Signed _____

(Parent, guardian, emancipated student/consenting minor)

Date _____

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