



## IMMUNIZATIONS MEDICAL EXEMPTION

Name \_\_\_\_\_  
Last First Middle

Student I.D. Number: \_\_\_\_\_

\_\_\_\_\_ Mailing Address City State Zip

**I certify that the above named student should be exempt from the following vaccine injections:**

\_\_\_\_\_ Tetanus                      \_\_\_\_\_ MMR                      \_\_\_\_\_ Hepatitis A  
\_\_\_\_\_ PPD                              \_\_\_\_\_ Hepatitis B                      \_\_\_\_\_ Varicella  
\_\_\_\_\_ Meningococcal                      Other: \_\_\_\_\_

**Based on:**

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