# Immunization Conscientious/Religious/Medical Form

## Please Print

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
<th>Birth date:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
<td>Month</td>
</tr>
</tbody>
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## Conscientious / Religious

**MUST BE NOTARIZED**

**MUST FILL OUT IF UNABLE TO MEET REQUIRED IMMUNIZATIONS DUE TO CONSCIENTIOUS OR RELIGIOUS BELIEF.**

I hereby certify by notarization that my conscientious or religious belief is opposed to immunizations.

Student Signature (or parent or legal guardian if under 18 years of age).  
Date

Subscribed and sworn to me on the ______________ day of ____________________________, 20______.

Signature of Notary

## Medical Exemption

**MUST BE COMPLETED IF UNABLE TO MEET REQUIRED IMMUNIZATIONS DUE TO MEDICAL CONTRAINDICATIONS.**

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.

Signature of Medical Professional  
Date