## IMMUNIZATION EXEMPTION

## Masada Charter School

If you wish for your child to be exempt from the immunization requirements, this form must be completed, signed and returned to the school health office. As stated in Arizona Administrative Code 15-872 E, your child can be enrolled in school, but we will need a copy of either a record of immunization or this exemption statement. Please indicate below the type of exemption requested and complete all required information. *In the event of an outbreak of a vaccine preventable disease for which you cannot provide proof of immunity of your child, your child will not be allowed to attend school until the risk period ends.* 

<u>Medical Reasons</u> – If the immunizations would be a health risk to the child because of pre-existing medical conditions, you must sign the statement below along with your physician's signature. Your physician must state the reason for the medical exemption. The exemption may be for one or more vaccines, and may be either permanent or temporary. If the condition is temporary, the date of its end must be given, at which time the child must receive any necessary vaccine doses.

<u>Personal Beliefs</u> – If immunizations are against your religious beliefs, you must sign below to exempt your child from the requirements.

<u>Laboratory Evidence</u> – If your child has previously had a vaccine preventable disease, immunization against that disease is not required if laboratory evidence of immunity signed by a physician is provided. Copies of lab results must accompany this request.

\*Complete and return this form to your child's health care provider and the school health office. I hereby request an exemption from the immunization requirements for the child listed below, have received information about immunization and understand the risks and possible outcomes of this decision.

Child's Name:	Date of Birth:
Type of Exemption requested:  (Mark One)  Medical *(See Below)  Personal Beliefs  Laboratory	For the following vaccines:  (Mark all that apply)  Diphtheria Tetanus Pertussis  Measles Mumps Rubella  Polio Hepatitis B  Haemophilus influenzae type B
* If a medical exemption is marked, complete the	he following:
Reason for Medical Exemption:	Length of Exemption: Permanent Temporary until []
Required Signature: Parents or guardian and health care provider must sign any requests for immunization exemptions:  ***********************************	
Parent or Guardian	Health Agency Provider (Necessary information about immunizations was provided.)
Printed Name	Printed Name
Date	Date