Five Towns CSD/MSAD #28

ANNUAL MEDICAL IMMUNIZATION EXEMPTION FORM

A Medical Exemption must be completed by a licensed health care provider (doctor, nurse practitioner or physician's assistant) and the parent/guardian by the first day of school each year.

Student Name_____ **Date of Birth**_____

The student is on an immunization catch up schedule (complete back of form) _____
OR
The following immunizations require a Medical Exemption:

1. All required immunizations _____
2. Specific immunizations: (check all that apply)

Dtap _____ IPV _____ MMR _____ Varicella _____ Tdap _____ MCV4_____

Reason for Medical Exemption:_____

Heath Care Provider name (PRINTED) _____

Health Care Provider signature _____ Date: _____

****

I understand that in the event of an outbreak of the specific disease for which my child is not protected, my child will be kept out of school and school activities. The length of time my child will be kept out of school may vary, depending on the disease and length of outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring. The school may make reasonable accommodations to assist my child in keeping up with class work.

Parent/Guardian signature _____ Date._____

March 2021

Immunization Catch up Schedule

Student Name_____ DOB _____

Please provide a copy of administered vaccines and complete the following information after each visit.

Vaccine	# Doses needed	Next due date
Dtap		
IPV		
MMR		
Varicella		
Tdap		
MCV4 (meningococcal)		