RSU No. 5 Durham-Freeport-Pownal
State Immunization Exemption

<table>
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<tr>
<th>Student’s Name</th>
<th>School</th>
<th>Grade</th>
<th>Date of Birth</th>
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A written statement of a sincere religious, philosophical, or medical opposition to immunization is required. **A signature alone is not valid.** This must be **completed yearly.**

I am requesting a waiver for the following immunizations:

- **All required immunizations:** ☐
- **Specific immunizations:** ☐ DTAP ☐ TDap ☐ I/OPV ☐ MMR ☐ CHICKEN POX

I am requesting a waiver for:

- Sincere Religious Belief ☐
- Philosophical Reason ☐
- Medical* ☐

*Medical waivers must be accompanied by a signed note from the student’s physician.

My explanation for requesting this waiver is as follows:

________________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

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I understand that my child may be excluded from school and school activities if there is an outbreak of a disease for which he or she is not immunized. He/She will be excluded for a specified period of time from the beginning of the outbreak to a short time after the last case, depending on the disease. I also understand that if my child is excluded from 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.

__________________________                             ________________________________
Date                                      Signature of Parent or Guardian

* It is the responsibility of the student’s parent/guardian to complete this form annually *

Please return to:

The School Nurse at the **beginning** of each school year.