

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

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***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.**