

CAPE ELIZABETH SCHOOL DEPARTMENT
Cape Elizabeth, Maine

YEARLY IMMUNIZATION EXEMPTION FORM

As a parent/guardian of _____
(Student Name)

Grade _____ and date of birth _____, I am requesting a waiver for the following
Immunizations:

All required immunizations: ___ DTAP ___ I/OPV ___ MMR ___ Varicella ___

I understand that in the case 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 from a week to over a month depending on the disease and length of the 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 school work.

I am requesting a waiver for: Sincere Religious Belief ___
Philosophical Reason ___

My explanation is as follows: _____

Signed by: _____

Relationship to Student: _____ Date: _____

Medical Exemption:

Physician statement as to reason for medical exemption to immunization:

Physician Signature

Date