

CAPE ELIZABETH SCHOOL DEPARTMENT
Cape Elizabeth, Maine

YEARLY IMMUNIZATION EXEMPTION FORM

Any student who is not fully immunized must have this form on file **prior** to the first day of each school year.

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 ____ *Tdap ____ **MCV4 ____

*designates required immunization for incoming 7th grades

**designates required immunization for incoming 7th and 12th graders

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 arrangements for my child to receive and complete school assignments and to make up missed examinations and other work within a reasonable time upon their return to school.

I have read and acknowledge the State of Maine Immunizations for School Children – Chapter 126.

Parent/Guardian Initials

I am requesting a waiver for: Sincere Religious Belief ____

Philosophical Reason ____

My explanation is as follows: _____

Signed by: _____

Relationship to Student: _____ Date: _____
parent/guardian

I am requesting a waiver for: Medical Exemption ____

Medical Exemption: Physician statement as to reason for medical exemption to immunization.

Physician Signature

Date