



# YARMOUTH SCHOOL DEPARTMENT

"Empowering students"

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Superintendent of Schools

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## ANNUAL IMMUNIZATION EXEMPTION FORM

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_

date of birth \_\_\_\_\_, am requesting a waiver for the following immunizations:

All required immunizations: \_\_\_\_

Specific immunizations:	DTAP ____	MMR ____
	Tdap ____	Polio ____
	Varicella ____	Meningococcal ____

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 will be determined on a case by case basis, 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 class work.

I am requesting a waiver for: Sincere Religious Belief \_\_\_\_  
Philosophical Reason \_\_\_\_  
Medical Reason (medical provider's signature required) \_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_ (Please note signature required yearly.)

### **Medical Exemption:**

Provider statement as to reason for medical exemption to immunization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Provider's Signature**

\_\_\_\_\_  
**Date**





