

Statement of Vaccine Non-Medical Exemption

The following statement of non-medical exemption is submitted in accordance with C.S.R. 25-4-903(1)(b). This information is protected from sharing with any other agencies by FERPA laws.

Student Name: _____

Date of Birth: _____

The immunizations marked below are declined:

- | | |
|--|--|
| <input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP) | <input type="checkbox"/> Inactivated poliovirus (IPV) |
| <input type="checkbox"/> Tetanus, diphtheria, pertussis (Tdap) | <input type="checkbox"/> Measles, mumps, rubella (MMR) |
| <input type="checkbox"/> Haemophilus influenza type b (Hib) | <input type="checkbox"/> Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23) |
| <input type="checkbox"/> Hepatitis B | |
| <input type="checkbox"/> Varicella (chickenpox) | <input type="checkbox"/> ALL |

Type of non-medical exemption claimed:

- Personal Belief Religious

Parent/Guardian/Student (emancipated or over 18 yrs old):

Printed Name: _____

Signature: _____ Date: _____