

PERSONAL HISTORY (PLEASE CHECK IF YOU HAVE ANY OF THE FOLLOWING)

Use the space below to provide additional details

Anemia
Arthritis
Asthma
Alcohol or Substance Abuse

Frequent Cough
Glasses/Contact Lens
Head Injury/Concussion
Hearing or Vision Problem

Night Sweats
Recent weight gain or loss
How much ?? ?

IMMUNIZATION EXEMPTIONS

(If you are applying for an EXEMPTION, please check below and you MUST provide the information required for the exemption)

‘ Immune Status Exemption - ANTIBODY TITERS (BLOOD TEST) Copy of laboratory results showing that you are immune is required. Only positive or immune titers will be accepted. Epidemiological results are NOT acceptable.

‘ Age Exemption - Born prior to January 1, 1957 (not for MMR immunization exemption only). There is NO AGE exemption for the Hepatitis B immunization.

‘ Medical Exemption - Physician statement REQUIRED - must include diagnosis. Diagnosis must be an acceptable diagnosis determined by your office and based on national guidelines. If pregnant, your physician's statement must include your due date. You will be exempted until 6 weeks after your due date. Please note that breastfeeding an infant does NOT constitute a medical exemption per national immunization guidelines. Medical exemptions will be reviewed annually and you may be required to submit a physician statement annually.

‘ Religious Exemption - Statement explaining HOW these immunizations conflict with your religious beliefs is required. You do not need to name your religion. The statement MUST be written by the student or by the clergy.