

# REGIONAL SCHOOL UNIT #20

Belfast • Belmont • Frankfort • Morrill • Northport  
Searsmont • Searsport • Stockton Springs • Swanville

## IMMUNIZATION EXEMPTION FORM

As a parent/guardian of \_\_\_\_\_, Grade \_\_\_\_\_,  
(Student Name)

Date of Birth \_\_\_\_\_

I am requesting a waiver for the following immunizations:

All required immunizations: All \_\_\_\_\_ DTAP \_\_\_\_\_ I/OPV \_\_\_\_\_ MMR \_\_\_\_\_ Varicella  
(Chickenpox) \_\_\_\_\_

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. The school will make reasonable accommodations to assist my child in keeping up with class work if he/she is excluded for more than ten (10) days.

I am requesting a waiver for:

Sincere Religious Belief \_\_\_\_\_ Philosophical Reasons \_\_\_\_\_

Medical Reasons (requires MD verification) \_\_\_\_\_

My explanation is as follows: \_\_\_\_\_

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

Signed by: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Date: \_\_\_\_\_