



Religious or Moral/Ethical Exemption for MMR or Varicella Vaccines

Student Name: _____

Student ID: _____ **Date of Birth:** _____

Exemption(s) needed: MMR _____ Varicella _____

Provide a brief statement regarding your moral/ethical conviction or religious belief and explain why it prevents you from being vaccinated:

Signature of Student: _____ **Today's Date:** _____

*****If student is under 18-years-of-age a parent/guardian must sign*****

Signature of Parent/Guardian: _____ **Today's Date:** _____

Printed Name of Parent/Guardian: _____

Relationship to the Student: _____