

CAPE ELIZABETH SCHOOL DEPARTMENT  
Cape Elizabeth, Maine

**YEARLY IMMUNIZATION EXEMPTION FORM**

Any student who is not fully immunized must have this form on file prior to the first day of each school year.

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

Grade \_\_\_\_\_ and date of birth \_\_\_\_\_, I am requesting a waiver for the following Immunizations:

All required immunizations: \_\_\_\_  
DTAP \_\_\_\_ I/OPV \_\_\_\_ MMR \_\_\_\_ Varicella \_\_\_\_ \*Tdap \_\_\_\_ \*\*MCV4 \_\_\_\_

\*designates required immunization for incoming 7<sup>th</sup> grades

\*\*designates required immunization for incoming 7<sup>th</sup> and 12<sup>th</sup> graders

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. 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 arrangements for my child to receive and complete school assignments and to make up missed examinations and other work within a reasonable time upon their return to school.

I have read and acknowledge the State of Maine Immunizations for School Children – Chapter 126.

\_\_\_\_\_  
Parent/Guardian Initials

I am requesting a waiver for: Sincere Religious Belief \_\_\_\_

Philosophical Reason \_\_\_\_

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

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

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_  
parent/guardian

I am requesting a waiver for: Medical Exemption \_\_\_\_  
Medical Exemption: Physician statement as to reason for medical exemption to immunization.

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

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date