

# Five Towns CSD/MSAD #28

## ANNUAL MEDICAL IMMUNIZATION EXEMPTION FORM

Maine State Law requires a medical exemption form completed by a licensed health care provider (doctor, nurse practitioner or physician's assistant) and signed by the parent to be submitted annually by the first day of school for students to attend.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

The student is on an immunization catch up schedule (complete back of form) \_\_\_\_\_

OR

The following immunizations require a Medical Exemption:

1. All required immunizations \_\_\_\_\_
2. Specific immunizations: (check all that apply)

DTaP \_\_\_\_\_ IPV \_\_\_\_\_ MMR \_\_\_\_\_ Varicella \_\_\_\_\_ Tdap \_\_\_\_\_ MCV4 \_\_\_\_\_

Reason for Medical Exemption: \_\_\_\_\_

\_\_\_\_\_

Health Care Provider name (PRINTED) \_\_\_\_\_

Health Care Provider signature \_\_\_\_\_ Date: \_\_\_\_\_

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I understand that in the event 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, depending on the disease and length of 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 reasonable accommodations to assist my child in keeping up with class work.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Revised 3.2021

## Immunization Catch up Schedule

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Care Provider to complete the following:

Vaccine	Doses needed	Next appointment date
DTaP		
IPV		
MMR		
Varicella		
Tdap		
Meningococcal		