HS0027 Rev. 3/19

## **IMMUNIZATION WAIVER**

## **Department of Health Services**

**Lincoln Public Schools** 

Student				_ ID#	DOB	Date
MEDICAL WAIVER	2					
If your student canno pleted form must, by					ovider complete	e and sign this form. The com-
I have elected to not	immunize this stu	udent against the	e following dis	sease(s):		
Measles	Mumps	Rubella	🖵 Polio	🖵 Diphtheria	Hepatitis	В
Uaricella Varicella	Pertussis	Tetanus	🖵 Haemop	ohilus Influenzae Typ	be B 🔲 A	All immunizations
as required by the Ne well being of the stuc						be injurious to the health or
In the event of an o	utbreak of a con	nmunicable dis	ease, unimm	unized students m	ay be exclude	d from school.
Date		Medical Provid	er's Signature			
Data		Derent/Cuerdia	n Cignoture		(Required	)
Date		Parent/Guardian Signature			(Required)	
RELIGIOUS WAIVE	ER	beliefs and con	victions, you i	nust by law present	to the school a	a notarized statement indicating received by the school <b>prior</b> to
your student's enrollr						
l,(Parent/Guardian)				, attest that because of my religion		
I,		(Parent/Guard	dian)		, č	attest that because of my religion
		(Parent/Guard	dian)			
I do not want		(Parent/Guard	dian)			attest that because of my religion
I do not want		(Parent/Guard	dian) (Student's Na			immunized against:
I do not want Check appropriate bo D Measles D Varicella	oxes: D Mumps Pertussis	(Parent/Guard	(Student's Na Polio Haemop	ne)	Hepatitis	immunized against:
I do not want Check appropriate bo December Measles Varicella Because such immur Conflict with that immuniz	oxes: Mumps Pertussis nizations: (Check the tenets and p zation conflicts w	(Parent/Guard Rubella Tetanus if a true stateme practice of a reco vith personally ar	(Student's Na Carl Polio Carl Haemop ent) ognized religion nd sincerely fo	me) Diphtheria Dhilus Influenzae Typ us denomination of llowed religious bel	Hepatitis be B A which the stud iefs of a studen	immunized against: B Ill immunizations dent is an adherent or member or it.
I do not want Check appropriate bo December Measles Varicella Because such immur Conflict with that immuniz	oxes: Mumps Pertussis nizations: (Check the tenets and p zation conflicts w	(Parent/Guard Rubella Tetanus if a true stateme practice of a reco vith personally ar	(Student's Na Carl Polio Carl Haemop ent) ognized religion nd sincerely fo	me) Diphtheria Dhilus Influenzae Typ us denomination of llowed religious bel	Hepatitis be B A which the stud iefs of a studen	immunized against: B Ill immunizations dent is an adherent or member or it.
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