



Exemption Request for Immunization Requirement

Name _____
(Print) Last First Initial

Date of Birth ____/____/____ Social Security # _____ Student ID # _____

Address _____

Phone# _____ Email Address _____

Students who apply for exemption are encouraged to discuss the risks of Non-immunization with their medical providers.

Medical Exemption: The student named above does not have one or more of the required immunizations because he or she has (Check all that apply):

_____ documentation of a confirmed (as opposed to self-reported) diagnosis of _____ disease(s) in the health history.

_____ a medical condition that contraindicates receiving the _____ vaccine.

_____ is pregnant or nursing and needs temporary exemption until _____ (fill in date).

Signature of Physician, Physician Asst. or Nurse Practitioner Date

Clinic Address Phone #

Conscientious Exemption: A notarized statement that having immunizations are against the student's religious beliefs.

I hereby certify that being immunized against measles, mumps and rubella is against my religious beliefs.

Signature of Student Date

Subscribed and sworn before _____ on the day of _____,
(Name of Notary)

Signature of Notary

Mail to:
Lake Area Tech
PO Box 730
Watertown, SD 57201

Official Stamp

