

# Cedar Falls Community Schools

**NOTICE:**

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

## ☐ Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

	Until	
Vaccine(s)		Date

TYPE or PRINT name of Licensed Health Care provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider Signature

Date \_\_\_\_\_

## ❑ Personal Exemption

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak.

I do not want my child to receive the following vaccine(s):

Vaccine(s)

Signature of Parent or Guardian

Date \_\_\_\_\_

## ❑ Religious Exemption

## Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella/varicella (please circle).

Attach TITER results.

TYPE or PRINT name of Licensed Health Care provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider Signature or Stamp

Date \_\_\_\_\_

**For More Information:**

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#parents>