

St. Benedict School

Date: _____

Student Name: _____

Date of Birth: _____

My child has not received the following vaccinations (please check all that apply):

DTP (diphtheria, tetanus, pertussis): _____

Polio: _____

MMR (measles, mumps, rubella): _____

Hepatitis B: _____

Varicella (chicken pox): _____

The above vaccinations were not given because (please check one):

_____ A medical problem exists that prevents safe administration of the vaccine. (A physician's statement is required.)

_____ Philosophical or religious beliefs (reasons of conscience) Please explain:

*Please be advised that your child will be excluded from school if an outbreak occurs from a vaccine preventable disease.

Parent Signature

Date