

IMMUNIZATION INFORMATION

You must comply with all required immunizations. Anyone requesting **medical exemptions** for required vaccinations must submit a brief explanation signed by a doctor; such requests will be evaluated on a strictly confidential basis by the School Doctor. Requests for **religious exemptions** also require a brief explanation signed by a leader of the relevant faith community; such requests will be evaluated on a strictly confidential basis by the School Doctor in consultation with experts in Medical Ethics. The School does not guarantee accommodation of all requests for exemption from required immunizations.

REQUIRED

Name of Member Attending the School

Date

_____ **Tetanus/Diphtheria** (must be within ten years)
Month/Day/Year

RECOMMENDED

_____ **COVID Vaccine** _____ COVID booster
Month/Day/Year Month/Day/Year (if applicable)

_____ COVID booster
Month/Day/Year of 2nd COVID vaccine (if applicable) Month/Day/Year (if applicable)

_____ Meningitis* _____ Hepatitis B #1
Month/Day/Year Month/Day/Year

*Meningococcal Meningitis Quadrivalent Vaccine is *strongly* recommended

_____ Hepatitis A _____ Hepatitis B #2
Month/Day/Year Month/Day/Year

_____ Hepatitis B #3
Month/Day/Year

Physician/Nurse signature

Date

Address

Telephone/Fax/Email