

Sample Medical Exemption Form For Immunizations

Medical Objection to Immunization [Year or School Year] (Reference [State] Code Section [Code Number])

Child Name: _____ Date of Birth: _____

I have been informed of the immunization requirements stated in the [State] Code. I understand for the safety of my child, he/she will not be permitted to [attend day care/school/camp/ministry activity] in the event of an epidemic in the community/state involving a disease that he/she has not been vaccinated against. I also understand that my child may not attend in the event he/she contracts a disease, for which he/she has not been vaccinated, until my child has been medically cleared and is no longer contagious. Understanding all the above, I wish to document my objection to my child being immunized, for the following medical reasons:

I acknowledge and accept the risks of my child contracting a disease he or she has not been vaccinated against while attending [day care/school/camp/church activity]. Should my child contract or infect another child with diseases for which he/she has not been immunized, I accordingly agree to indemnify, defend, and hold harmless the [school/camp/ministry], and its agents, employees, volunteers, and other representatives for any injury or illness arising directly or indirectly out of my choice not to immunize my child.

I understand that a physician must sign this Medical Objection. I further understand that I must file a formal objection annually, in lieu of presenting documentation of immunizations received.

_____ Printed Name of Physician	_____ Signature of Physician	_____ Date
_____ Printed Name of Parent/Guardian	_____ Signature of Parent/Guardian	_____ Date
_____ Printed Name of Parent/Guardian	_____ Signature of Parent/Guardian	_____ Date

This signed and dated form must be returned to the [ministry/school/camp] office.

Note to Ministries: This is a sample form only. Each county/state health department has its own codes and requirements available on its website. Be sure to check your specific county/state requirements.

This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by an attorney. Brotherhood Mutual Insurance Company® assumes no liability in the preparation and distribution of this sample form.