

FALMOUTH HEALTH SERVICES  
Falmouth, Maine 04105  
IMMUNIZATION EXEMPTION FORM

As a physician of \_\_\_\_\_  
(Student name)

in grade \_\_\_\_\_ and date of birth \_\_\_\_\_,

I am requesting a waiver for the following immunizations due to a medical exemption:

All required immunizations \_\_\_\_\_

Specific immunizations:

DTAP \_\_\_\_\_ I/OPV \_\_\_\_\_ MMR \_\_\_\_\_ Varicella \_\_\_\_\_

I understand that in the case of an outbreak of the specific disease for which this child is not protected, this child will be kept out of school and school activities. The length of time this child will be kept out of school may vary from a week to over a month depending on the disease and length of the outbreak. I also understand that if this child is kept out of school, the school is not required to provide off-site classes or tutoring. The school may make reasonable accommodations to assist this child in keeping up with classwork.

The medical explanation is as follows:

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Physician's Signature:

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Date: \_\_\_\_\_