



Lincoln Public Schools

Department of Student Services • 5901 O Street • Lincoln NE 68510 • (402) 436-1688 • (Fax) 436-1686

HS0027
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IMMUNIZATION WAIVER Health Services Department Lincoln Public Schools

Student _____ ID# _____ Date _____

MEDICAL WAIVER

If your student cannot be immunized for medical reasons, please have your physician complete and sign this form. The completed form must, by law, be received by the school prior to your student's enrollment.

I have elected to not immunize this student against the following disease(s):

- Measles Mumps Rubella Polio Diphtheria Hepatitis B
- Varicella Pertussis Tetanus Haemophilus Influenzae Type B All immunizations

as required by the Nebraska School Immunization Law 79-444.01, because such immunizations would be injurious to the health or well being of the student or a member of the student's family or household. Comments:

In the event of an outbreak of a communicable disease, unimmunized students may be excluded from school.

Date _____ Physician's Signature _____
(Required)

Date _____ Parent/Guardian Signature _____
(Required)

RELIGIOUS WAIVER

If immunization conflicts with religious beliefs and convictions, you must by law present to the school a notarized statement indicating that the required immunizations conflict with such religious practice or belief. This document must be received by the school **prior** to your student's enrollment.

I, _____, attest that because of my religion
(Parent/Guardian)

I do not want _____ immunized against:
(Student's Name)

Check appropriate boxes:

- Measles Mumps Rubella Polio Diphtheria Hepatitis B
- Varicella Pertussis Tetanus Haemophilus Influenzae Type B All immunizations

Because such immunizations: (Check all that apply)

- Conflict with the tenets and practice of a recognized religious denomination of which the student is an adherent or member;
- Conflict with the personal and sincerely followed beliefs of _____
(Student's Name)

In the event of an outbreak of a communicable disease, unimmunized students may be excluded from school.

Date _____ Parent/Guardian _____

Date _____ Student _____
(Student's signature is required if not a minor)

Date _____ Notary _____
(Signature) *(Seal)*

Please return to school health office.