MEDICAL WAIVER

If your student cannot be immunized for medical reasons, please have your medical provider 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
- [ ] Varicella
- [ ] Rubella
- [ ] Pertussis
- [ ] Polio
- [ ] Tetanus
- [ ] Haemophilus Influenzae Type B
- [ ] Diphtheria
- [ ] Hepatitis B
- [ ] Poliomyelitis
- [ ] 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 __________________________ Medical Provider’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

I do not want __________________________ immunized against:

Check appropriate boxes:

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

Because such immunizations: (Check if a true statement)

- [ ] Conflict with the tenets and practice of a recognized religious denomination of which the student is an adherent or member or that immunization conflicts with personally and sincerely followed religious beliefs of a student.

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

Date __________________________ Parent/Guardian Signature __________________________ (Required)

Date __________________________ Student Signature __________________________ (Student’s signature is required if not a minor)

STATE OF NEBRASKA )
COUNTY OF _________________ ) SS.
The foregoing instrument was acknowledged before me this _____ day of ________________, 20___ by __________________________
______________________________________ Notary Public

Please return to school health office.