

REFUSAL OF IMMUNIZATION

For Medical Reasons

As the physician of:

Child's Last Name	First Name	Age
Birth Date	School	Grade

A. I have elected to not immunize this student against the following disease(s): (check box*)

- Diphtheria.....
- Tetanus
- Pertussis.....
- Polio.....
- Measles (Rubeola).....
- Mumps.....
- Rubella (German Measles).....
- Hepatitis B.....
- Varicella (chickenpox)

In my opinion, this/these immunization(s) would be injurious to the health and well-being of

- The student
- A member of the student's household or family

Comments: _____

Signature of Physician

Date

* Each disease for which a vaccine has not been administered must be checked. Parent/ guardian must submit dates of immunization for all other diseases.

Printed from the Nebraska Health and Human Services System Web site. http://www.hhs.state.ne.us/imm/school_i.htm