

# Exemption Request Form

(Medical/Religious Immunization Exemption)

## Personal Information

Full Name

Date of Birth

Email

Phone Number

Address

## Exemption Type

Select Exemption Type

## Immunization(s) Requested for Exemption

List vaccine(s) or immunization(s)

## Reason for Exemption

Please provide your detailed reason:

## Supporting Documentation

Attach documentation (if applicable):

Choose File

No file selected

## Signature

Signature

Date

