

To: Celebration Academy

We choose exemption for _____ (Student's first and last name),
who is in the _____ grade, from the following immunizations because all or some are
contrary to our families personal beliefs.

Check one or more of the following-

All vaccines/immunizations

Specific vaccine(s) or remainder/booster immunizations for the following:

- Polio (OPV or IPV)
- DTP/DtaP/DT/Td/Tdap
- MMR
- HIB
- Varicella
- Hepatitis A
- TB
- Varicella
- HPV

Signature of Parent (or) Guardian: _____

Date: _____