



2019 Statement of Exemption to Immunizations

Camper Name _____ DOB _____

Please select only the one that applies to your situation:

I decline all vaccine administrations.

Parent/legal guardian initials _____

I decline the following vaccines (please check the ones you decline).

___ Hep B (Hepatitis B)

___ DTaP (Diphtheria, Tetanus, Pertussis)

___ IPV (Inactivated Polio Vaccine)

___ Hib (Haemophilus Influenzae Type B)

___ MMR (Measles, Mumps, Rubella)

___ Var (Chickenpox)

___ PCV7 or PCV13 (Pneumococcal Disease)

Parent/legal guardian initials _____

Please select only one of the following statements:

I am the parent/legal guardian of the above-named camper, and I do not immunize him/her due to our religious beliefs.

I am the parent/legal guardian of the above-named camper, and I do not immunize him/her due to a personal belief that is opposed to the administration of vaccines.

Printed Name of Parent/Legal Guardian _____

Parent/Legal Guardian Signature _____

Date _____