

Immunization Record/Exemption

I, _____ do swear that I have received the immunizations and test listed below:

Vaccine	Date Completed	Notes
Varicella		<input type="checkbox"/> I had chickenpox as a child
Hepatitis B		
Measles, Mumps, Rubella		
TB Test		
Tetanus		
Other (please specify)		

I have not received some or all of the above vaccines due to medical/personal/religious objections. I understand that obtaining immunizations is a matter of health safety, and have made the conscientious choice not to vaccinate. If I suspect that I have a dangerous communicable disease, I agree to inform the Administrative Director and my Preceptor, and stay home until I am no longer sick.

Name

_____/_____/_____
Date

Signature