

Sage Oak
Non-Immunization Confirmation

For students enrolled in an independent study program pursuant to Article 5.5 (commencing with Section 51745) of Chapter 5 of Part 28 of the Education Code and who do not receive classroom-based instruction.

Student Last Name	Student First Name
Birthdate (month / date / year)	Student Grade Level
_____ / _____ / _____	

Parent/Guardian Last Name	Parent/Guardian First Name
Address	Parent/Guardian Contact Number(s)
	_____ - _____ - _____ _____ - _____ - _____

I understand that an unimmunized student may be excluded from attending school functions during an outbreak of, or after exposure to, any of these diseases for the protection of all students. I hereby request exemption of the student named above from the required immunizations checked below.

CHECK ALL APPLICABLE BOXES YOU WISH TO BE EXEMPT FROM	
Haemophilus influenzae type b (Hib Meningitis)	<input type="checkbox"/>
DTaP (Diphtheria, Tetanus, Pertussis)	<input type="checkbox"/>
MMR (Measles, Mumps, Rubella)	<input type="checkbox"/>
Polio	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>
Varicella (Chickenpox)	<input type="checkbox"/>
Tdap (Tetanus, reduced Diphtheria, Pertussis)	<input type="checkbox"/>

Signature of Parent or Guardian

Date