

Verity Academy

e a s t b a y

Verity Academy East Bay Records Custodian,

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 family's 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: _____