

# 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

HPV

Signature of Parent (or) Guardian: \_\_\_\_\_

Date: \_\_\_\_\_