

## Five Towns CSD/MSAD #28

### **ANNUAL MEDICAL IMMUNIZATION EXEMPTION FORM**

**A Medical Exemption must be completed by a licensed health care provider (doctor, nurse practitioner or physician's assistant) and the parent/guardian by the first day of school each year.**

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

The student is on an immunization catch up schedule (complete back of form) **OR**  
The following immunizations require a Medical Exemption:

1. All required immunizations \_\_\_\_\_
2. Specific immunizations: (check all that apply)

Dtap \_\_\_\_\_ IPV \_\_\_\_\_ MMR \_\_\_\_\_ Varicella \_\_\_\_\_ Tdap \_\_\_\_\_ MCV4 \_\_\_\_\_

Reason for Medical Exemption: \_\_\_\_\_

Health Care Provider name (PRINTED) \_\_\_\_\_

Health Care Provider signature \_\_\_\_\_ Date: \_\_\_\_\_

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\* I understand that in the event of an outbreak of the specific disease for which my child is not protected, my child will be kept out of school and school activities. The length of time my child will be kept out of school may vary, depending on the disease and length of outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring. The school may make reasonable accommodations to assist my child in keeping up with class work.

Parent Name (Printed) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date. \_\_\_\_\_

## Immunization Catch up Schedule

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

**Please provide a copy of administered vaccines and complete the following information after each visit.**

Vaccine	# Doses needed	Next due date
Dtap		
IPV		
MMR		
Varicella		
Tdap		
MCV4 (meningococcal)		

Forms need to be on file with the school nurse.

### Camden Hills Regional High School

Kim Nicolet, School Nurse.

[kim.nicolet@fivetowns.net](mailto:kim.nicolet@fivetowns.net)

Fax# 207-236-7813

### Camden Rockport Middle School

Gretchen Kuhn, School Nurse

[gretchen.kuhn@fivetowns.net](mailto:gretchen.kuhn@fivetowns.net)

Fax# 207-236-7815

### Camden Rockport Elementary School

Meghan Fitzpatrick, School Nurse

[meghan.fitzpatrick@fivetowns.net](mailto:meghan.fitzpatrick@fivetowns.net)

Fax# 207-236-7820