

**COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_

Name _____	Date of Birth _____
------------	---------------------

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW**

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS WILL BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE.

**MEDICAL EXEMPTION**

THE PHYSICAL CONDITION OF THE ABOVE NAMED PERSON IS SUCH THAT IMMUNIZATION WOULD ENDANGER LIFE OR HEALTH, OR IS MEDICALLY CONTRAINDICTED DUE TO OTHER MEDICAL CONDITIONS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(PHYSICIAN)

**RELIGIOUS EXEMPTION**

PARENT OR GUARDIAN OF THE ABOVE NAMED PERSON OR THE PERSON HIMSELF/HERSELF ADHERES TO A RELIGIOUS BELIEF OPPOSED TO IMMUNIZATIONS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(PARENT OR GUARDIAN OR EMANCIPATED STUDENT/CONSENTING MINOR)

**PERSONAL EXEMPTION**

PARENT OR GUARDIAN OF THE ABOVE NAMED PERSON OR THE PERSON HIMSELF/HERSELF ADHERES TO A PERSONAL BELIEF OPPOSED TO IMMUNIZATIONS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(PARENT OR GUARDIAN OR EMANCIPATED STUDENT/CONSENTING MINOR)