

# Request for Immunization Waiver Minor Child and Youth Programs

SPONSOR'S NAME (leave blank if spouse is not enlisted): \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

CYP ACTIVITY: (check all that apply)  CDC  FCC  SAC  YP

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I am requesting a **religious immunization exemption** for my child for the following reason(s):

**\*\*NOTE: As per DODI 6060.02** If an immunization is not administered because of a parent's religious beliefs, the parent must provide a written statement stating that he or she objects to the vaccination based upon religious beliefs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand there are risks involved when choosing not to immunize my child/dependent against vaccine-preventable diseases. I acknowledge and understand my child/dependent may be excluded from attending Child and Youth Programs during a vaccine-preventable disease outbreak until Public Health determines the outbreak is over.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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I am requesting a **medical immunization exemption** for my child for the following reason(s):

**\*\*NOTE: As per DOD 6060.02** A statement from the child's health care provider is required if an immunization may not be administered because of a medical condition. The statement must document the reason why the child is exempt.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand there are risks involved when choosing not to immunize my child/dependent against vaccine-preventable Diseases. I acknowledge and understand my child/dependent may be excluded from attending Child and Youth Programs during a vaccine-preventable disease outbreak until Public Health determines the outbreak is over. Medical exemptions are evaluated routinely.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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