

Certificate of Compliance

To Be Completed by Physician or Health Care Provider

ALL STUDENTS BORN AFTER JANUARY 1, 1957, MUST SHOW PROOF OF TWO (2) RUBEOLA SHOTS AFTER FIRST BIRTHDAY, AND ONE (1) RUBELLA SHOT. THIS MUST BE RECEIVED PRIOR TO REGISTRATION.

Name _____
 Last First Middle Social Security Number

MEASLES (RUBEOLA)

Date of Immunizations _____ or Physician Diagnosis _____ or Date of Serological
 (measles only) Confirmation of Immunity

 Month/Day/Year Date _____ Month/Day/Year

 Month/Day/Year Physician's Signature
 Telephone Number _____
 City/State _____

RUBELLA

Date of Immunization _____ or Date of Serological
 Confirmation of Immunity

 Month/Day/Year Month/Day/Year

RECOMMENDED CONSIDERATION OF OTHER IMMUNIZATIONS

DT/DPT Date _____ Polio Date _____ Hepatitis B Series Date _____
 Meningitis Date _____ Varicella Date _____

Physician or Health Care Provider _____ Date _____

Address _____ Telephone No. _____

Certificate of Medical Exemption

Medical exemption: The above-named student is hereby granted a medical exemption on the basis of certain specific health/physical conditions that are recognized contraindications to the administration of required vaccines.

- 1. Temporary Exemption Reason _____
- 2. Permanent Exemption Reason _____

If permanent exemption due to contraindicated vaccines, are all vaccines contraindicated? Yes No

If no, designated specific vaccine:

Physician or Health Care Provider _____ Date _____

Address _____ Telephone No. _____