

# Annual\* Immunization Exemption Form MSAD 15 Health Services

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Teacher \_\_\_\_\_

I am requesting a waiver for the following immunizations:  
(Please circle all that apply)

**DPT**

**I/OPV**

**MMR**

**VARICELLA (CHICKEN POX)**

I am requesting a waiver for:  
(Please circle)

**Sincere Religious Belief**

**Philosophical Reason**

**Medical Exemption (Must be written by a physician.)**

My explanation as follows:

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I understand that in the event of an outbreak of a specific disease against which my child is not protected, he/she will be excluded from school and school activities until it is safe for him/her to return to school. The length of time my child will be excluded from school will vary, depending on the disease and the duration of the outbreak. I also understand that if my child is excluded from school, the school is not required to provide off-site classes or tutoring.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*By Maine State law, immunization exemptions must be declared on an annual basis.**

Dunn School  
667 Morse Road  
New Gloucester, ME 04260  
Phone 657-5050  
FAX 657-7068

Russell School  
8 Gray Park  
Gray, ME 04039  
Phone 657-4929  
FAX 657-2286

Memorial School  
86 Intervale Road  
New Gloucester, ME 04260  
Phone 926-4322  
FAX 926-4324

GNG High School  
10 Libby Hill Road  
Gray, ME 04039  
Phone 657-9330  
FAX 657-3329

GNG Middle School  
31 Libby Hill Road  
Gray, ME 04039  
Phone 657-9430  
FAX 657-5219