

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 Confirmation of Immunity _____
(measles only)
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 IMMUNIZATIONS

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

Signature of 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. _____



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