



CHILD HEALTH ASSESSMENT SUPPLEMENT

Directions: Use this form **only** if you are seeking an exemption to SEYCo's vaccination policy. Check one box denoting the reason for your exemption to this policy.

Child's Name: _____

School Year: _____

☐ **Medical Exemption** – the physical condition of the above named child is such that immunization would endanger life or health.

☐ **Religious Exemption** – Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent(s)/guardian(s).

I/we certify this statement to be true and accurate. Further, I/we understand this exemption to be in effect during the present above captioned school year, and will have to resubmit an exemption on a yearly basis.

Signature of parent/guardian

Date