



THREE HIERARCHS ACADEMY
OF ARIZONA

PO Box 2987, Florence, AZ 85132-3057

Student Immunization Exemption

(A separate form must be submitted for each Academy child within the same family)

The purpose of this document is to affirm that the following child is exempt from standard vaccination for the following reasons (*please circle the appropriate one*):

- A. Due to the child’s health condition, the child may be adversely affected by one or more of the required vaccine doses.
- B. A child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached.
- C. The child has a history of Varicella (chicken pox) disease.
- D. The parent or guardian has received information about immunizations provided by the department of health services and understands the risks and benefits of immunizations and the potential risks of non-immunization and due to personal beliefs, the parent(s) or guardian(s) do not consent to the immunization of the pupil (***per ARS 15.873—both parents/guardians must sign on page 2***)

Child’s Name: _____ **DOB** _____

To be completed by a physician or a registered nurse practitioner (as applicable) to exempt a child from a immunization requirements.

Name of Physician or Nurse _____

Signature _____ **Date** _____

Please list each vaccine included in the exemption and state the reason:

Please indicate whether this is:

Temporary		Permanent	
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Note to Parents/Guardians:



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[The following needs to be acknowledged by both parents/guardians]

- a. In case if State or County health department declares an outbreak of vaccine-preventable disease for which I cannot provide proof of immunity for, my child will not be allowed to attend the Academy until the risk period ended.
- b. Additional information is available from any local county health department and the Arizona Department of Health Services: www.azdhs.gov/phs/immunization/index.htm

Signature of Parent or Legal Guardian	Date	Printed Name
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Signature of Parent or Legal Guardian	Date	Printed Name
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Non-Immunization Due to Personal Beliefs

[Per the provisions of ARS 15-873]

[The following needs to be acknowledged by both parents/guardians]

I/we have received information about immunizations provided by the department of health services and understand the risks and benefits of immunizations and the potential risks of non-immunization and that due to personal beliefs, I/we as parent(s) or guardian(s) do not consent to the immunization of the pupil.

Signature of Parent or Legal Guardian	Date	Printed Name
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Signature of Parent or Legal Guardian	Date	Printed Name
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