

Documentation of Varicella (Chickenpox) Disease

(To be filled out by the parent, guardian, or medical provider of the child / student)

This document is being submitted on behalf of: *(Name of child / student)*

First *Middle* *Last*

_____/_____/_____
(Birthdate of child / student) mm/dd/yyyy

I, _____, verify that the above listed
Parent/Guardian/Medical Provider

Child / student **had** the **Varicella** disease in _____ (year).

(Signature of parent/guardian/medical provider)

(Date)



REFUSAL OF IMMUNIZATION For Medical Reasons

As the physician of:

<i>Child's Last Name</i>	<i>First Name</i>	<i>Age</i>
/ /		
<i>Birth Date (mm/dd/yyyy)</i>	<i>School</i>	<i>Grade</i>

I have elected to not immunize this student against the following disease(s):

♣ *Each disease for which a vaccine **has not** been administered must be checked. Parent / guardian must submit dates of immunization for all other diseases.*

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles (Rubeola)
- Mumps
- Rubella (German Measles)
- Hepatitis B
- Varicella
- Pneumococcal Conjugate
- HIB (Haemophilus Influenzae Type b)

In my opinion, this immunization would be injurious to the health and well-being of :

- The student
- A member of the student's household or family

Comments: _____

Signature of Physician _____
Date



AFFIDAVIT
Refusal of Immunization of Student for Religious Reasons

This Affidavit is being submitted on behalf of:

_____ / ____ / ____
(Name of Student) (Birthdate of Student – mm/dd/yyyy)

If the student is of the age of majority:

I, _____, of lawful age and being first duly sworn, depose and state as follows:
(Name of Affiant/Student)

Immunization conflicts with the tenets and practice of a recognized religious denomination of which I am an adherent or member or immunization conflicts with my personally and sincerely followed religious beliefs.

If the student is a minor:

I, _____, as legally authorized representative of
(Name of Affiant)

_____, of lawful age and being first duly sworn, depose and state as follows:
(Name of Student)

Immunization conflicts with the religious tenets and practice of a recognized religious denomination of which the student is an adherent or member or immunization conflicts with the student's personally and sincerely followed religious beliefs.

(Signature of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____ .

Notary Public

STATE OF NEBRASKA)
) SS.
County of: _____)

My Commission expires: _____