

Waiver for Immunizations

If you wish to waiver from any of the required DoDea immunizations, please sign and indicate which immunization along with the reason you are signing the waiver.

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
REQUEST FOR EXEMPTIONS FROM IMMUNIZATION**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. section, 2164 and 20 U.S.C. sections 921-932.

PRINCIPAL PURPOSE(S): This form is completed by child's parent or guardian to claim exemption from immunization requirements.

ROUTINE USE(S): DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b)(2-12), and the "Blanket Routine Uses," published at <http://www.defenselink.mil/privacy/notice/osd>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.

DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student enrollment or services.

1. NAME (*Last, First, Middle Initial*)

2. SCHOOL

3. GRADE

4. PLEASE PROVIDE AN EXPLANATION FOR THE REQUESTED EXEMPTION
(*Attach additional page if necessary.*)

5. EXCLUSION FROM SCHOOL: I understand that, in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my community/my child's school, the Local Military Medical Authority may order my child's exclusion from school, for my child's own protection, until the danger has passed.

a. SIGNATURE OF PARENT/GUARDIAN

b. DATE SIGNED
(*MM/DD/YYYY*)

PREVIOUS EDITION IS OBSOLETE.