# 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 the sponsor/parent/guardian to claim exemption from immunization requirements for their dependent.

**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](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 dependent's school, the Local Military Medical Authority may order my dependent's exclusion from school, for my dependent's own protection, until the danger has passed.

a. **SPONSOR/PARENT/GUARDIAN SIGNATURE**  
b. **DATE SIGNED**  
   *(MM/DD/YYYY)*

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DoDEA FORM 2942.0-G-F4, (SHSPG: H-2-2) Date