

# 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PREVIOUS EDITION IS OBSOLETE.