

HASBROUCK HEIGHTS PUBLIC SCHOOL SCHOOL HEALTH SERVICES

IMMUNIZATION - MEDICAL EXEMPTION

New Jersey State Department of Health
Medical Contraindication
School Immunization Record Series

Name of Child (Last, First, M.I.)	Birth Date (Mo/Day/Yr)	Sex _____ Male _____ Female
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The following immunizations are medically contraindicated and constitute a threat to the child's health.

ANTIGENS:

This exemption shall continue until: _____

Print Name and Address of Physician	Telephone
Signature	Date

Thank you,

The Nursing Department
Hasbrouck Heights Public School

Approved: March 29, 2007
updated 2/12/09