



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

STUDENT HEALTH SERVICES DEPARTMENT
Annual Application for Medical Exemption from Immunization

School Year: _____

Student: _____
Last First Middle

DOB: _____
Month / Day / Year

School: _____

I am a physician licensed to practice medicine in the United States. In my opinion, immunization would be injurious to the health and well being of the above-named child and/or a member of his or her family.

Physician's printed name

Physician's signature

Phone number: _____

Date: _____

This affidavit or certificate is valid only one year from the date signed by the physician above.

Medical reasons: The child or student must present an affidavit or certificate signed by a physician who is registered and licensed to practice medicine within the United States, stating that in the physician's opinion the immunization required would be injurious to the health and well-being of the applicant or any member of his or her family or household. Unless a lifelong condition is specified, the affidavit or certificate is valid only one year from the date signed by the physician and must be renewed at that time for the exclusion to remain in effect. [Board policy FFAB (LEGAL)]

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.