SMIRKUS CAMP 2010
IMMUNIZATION EXEMPTION FORM

Smirkus Camp uses the standard immunization regulations for all participants in all its programs, even though state law applies only to schools. If your child/ward is not fully immunized, we require this form to be completed. Your child may face exclusion from Circus Smirkus programs should a vaccine-preventable disease outbreak occurs.

Complete this section, and the appropriate signature portion below, and submit to Smirkus Camp, 1 Circus Road, Greensboro, VT 05841.

_____ _____
Name of Participant Birth Date

Exemption applies to the following vaccine(s):

☐ **DTP/DTaP/DT/T** ☐ **Td/T** ☐ **Polio** ☐ **MMR**

☐ **Measles** ☐ **Rubella** ☐ **Mumps** ☐ **Hepatitis B**

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Medical Exemption

The following vaccine(s) are medically contraindicated:_____

Reason for exemption: _____

This exemption shall continue until ___/___/___ _____ _____
Date Print name of Physician Telephone no.

_____ ___/___/___
Signature of Physician Date

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Religious Exemption

I request that immunization(s) be waived because they conflict with free exercise of religious rights.

_____ _____ ___/___/___
Signature of Parent (or participant if 18 yrs of older) Telephone no. Date

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Moral (Philosophic) Exemption

I request that immunization(s) be waived because they conflict with free exercise of moral (philosophic) rights.

_____ _____ ___/___/___
Signature of Parent (or participant if 18 yrs of older) Telephone no. Date

Rev. 04/10