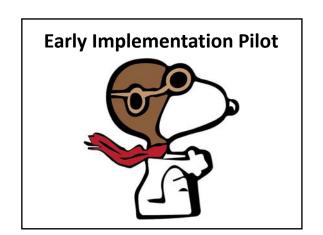


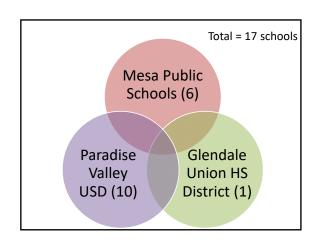


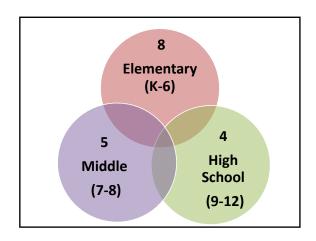


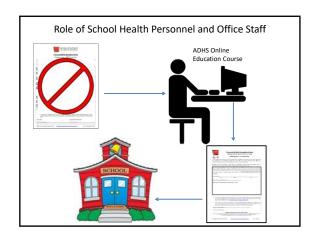
Personal Beliefs Exc Immunization Educ ADHS Kindergarten - 128 Due to my personal beliefs I request an exen required vaccine(s) indicated below. I, Moth	ation Course n Grade Only aption for my child from the
Arizona Department of Health Services online an aware that if I change my mind in the fut rescind the exemption.  Child's Name First Midd	e Immunization Education Course. I ure, I can obtain immunizations and
Date of Birth (month/day/year) 1/1/2  This child is exempted from the following y	OO7
(The vaccines that are NOT crossed out are the Totanus, Diphtheria and Pertussis Meades, Mumps and Rubella	Meningococcal  Varicella
Rollo	Hepatitis-8
I am aware that in the event the state or cour outbreak of a vaccine-preventable disease fo immunity for my child, he or she may not be weeks or until the risk period ends.	r which I cannot provide proof of allowed to attend school for up to 3
Parent/Guardian Signature_Mother H	Ubbaco Date: 7/24/17
Please turn this form in to	
This form has been generated from the ADHS I Schools may accept originals, copies, or faxes of exempted vaccines have been computer gene Education Course program Parent/g	this form as long as the parent name and rated on the form by the Immunization

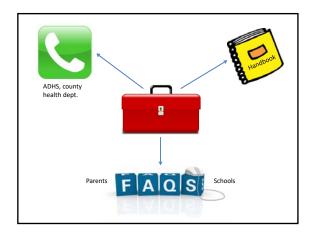








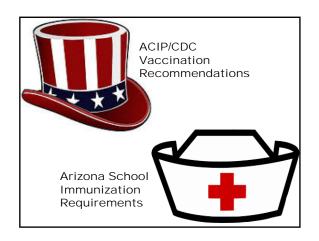


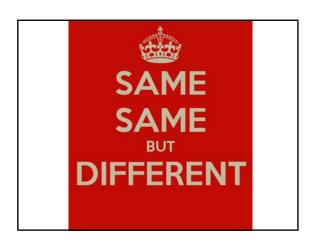


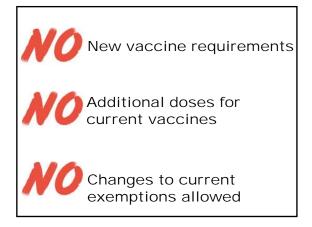




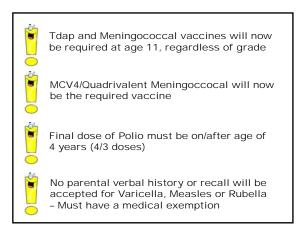


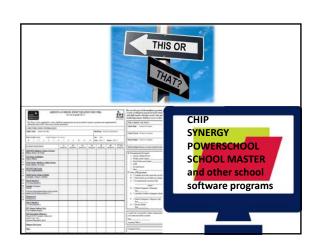


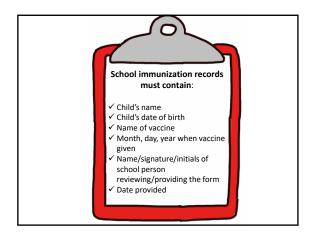














September 2018 🔙								
Su	Мо	Tu	We	Th	Fr	Sa		
		_				1		
2	3 (	4	5	6	7	8		
9	10	11	12	13	14	15		
16	17	18	19	20	21	22		
23	24	25	26	27	28	29		
30								

