

CONFIRMATION OF MMR BOOSTER VACCINATION

Please complete one (1) of the three (3) immunization options listed below and return this form to your child's school as soon as possible. Your child will not be allowed to remain in school unless this form has been completed and returned to the school. Thank you for your cooperation.

The student listed below has received the required MMR Booster Vaccination.

Student's Name: _____ Grade: _____ School: _____

Date of Vaccination: _____

Parent's Signature _____

Physician's Signature: _____

_____ (student's name) will not be receiving the MMR
Booster vaccination because it is medically contra-indicated.

Physician's Signature: _____

Date: _____

_____ (student's name) will not be receiving the MMR
Booster vaccination because it is contrary to our religious convictions.

Parent's Signature _____

Date: _____