

# CPS Chicago Public Schools

125 S. Clark  
Chicago, Illinois 60603

## PHYSICAL EXAMINATION and/or IMMUNIZATION WAIVER FORM

State law mandates physical examination and specific immunizations. If you as a parent or legal guardian have religious objections or your child's medical doctor has a medical reason indicated against immunization, we must have a completed statement on file.

**Please note that if there is an outbreak of disease for which your child is not immunized, your child may be excluded from school for an indefinite period of time until acceptable proof of immunity is received by the school or the period of communicability for the disease has expired.**

I, \_\_\_\_\_, parent or legal guardian (circle one)  
(Name)  
of \_\_\_\_\_, born on \_\_\_\_\_ object to the  
(Child's Name) (Date of Birth)  
following Immunizations:

_____DTaP	_____DPT	_____DT	_____Polio
_____MMR	_____Measles	_____Mumps	_____Rubella
_____Hepatitis B	_____HIB	_____Varicella (Chicken Pox)	

☐ Religious Reason: State specific religious belief that forbids immunizations below

☐ Medical Reason: **Physician's Statement must be attached**  
State specific medical condition that forbids immunization.

Use additional sheets as needed. Return all pertinent information to your child's school nurse.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

- Copy to child's health folder
- Copy to Cluster Office, Nurse Coordinator