

**GLOBAL IMPACT
IGNITED STUDENT MINISTRIES
CORNERSTONE CHURCH
2007/2008**

Immunization Record

- **NOTE: THIS FORM MUST BE NOTARIZED**

CONSCIENTIOUS/RELIGIOUS EXEMPTION

This form must be filled out if unable to meet required immunizations due to conscientious or religious belief.

I hereby certify by notarization that my conscientious or religious belief is opposed to immunizations.

Student Name (PLEASE PRINT)

Student Signature (or parent or legal guardian if under 18 years of age)

Date

Subscribed and sworn to me on the _____ day of _____, 20____.

Signature of Notary Public

MEDICAL EXEMPTION

Must be completed if unable to meet required immunizations due to medical contraindications.

The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.

Signature of Medical Professional

Date