

EXHIBIT

STAFF HEALTH AND SAFETY

REQUEST FOR EXEMPTION

Name _____ Birth date _____

I hereby request exemption from the immunization requirements of the Arizona Department of Health Services.

Because of my personal beliefs, I do not choose vaccine protection against Measles/Rubella/Mumps, and request exemption.

My physical condition is such that the required vaccines would seriously endanger my health. Following is the condition or medication that requires exemption from the vaccine is:

Permanent Temporary

Signature

Date

I have read the above and have been counseled by the Health Services personnel and understand that if a Measles/Rubella/Mumps outbreak should occur I would be required to be excluded from work for the full incubation period of the disease.

Signature

Date