IMCOM G9 Child and Youth Services Immunization Waiver Request Form

			- C'1-	Waiver
Child/Youth/Staff/Volunteer/Contractor		ge: Date	of Birth:	
Full Name (Last, First, Middle):		Program Attend/Work:		
Installation:		Staff/Volunteer/Contractor Position:		
Waiver for Medical/ Non-Medical Circumstance The identified person requests an Immunization Waiver. They have a medical/non-medical circumstance preventing administrations of required immunizations for participation in CYS programs. Immunizations				
□ DTaP □ HIB □	MMR .	☐ Varicella	☐ Meningo	coccal
☐ COVID-19 ☐ Influenza ☐	Polio	☐ Rotavirus	☐ Pneumod	coccal
☐ Hepatitis A ☐ Hepatitis B ☐	TDAP/Td	☐ Other	☐ Other	·
☐ Medical Diagnosis (Medical Provider Signature and Stamp Required): ☐ Non-Medical objection statement (Medical Provider Signature Not Required): ☐ Employees requesting a religious exemption should provide the following information, at a minimum, for efficient processing: 1. Describe the religious belief, practice, or observance that is the basis for your request for a religious				
Explain how the identified immunization vaccine(s) conflict with your religious belief, practice, or observance.				
I acknowledge that un-vaccinated Children/Youth/Staff/Volunteer/Contractor may be excluded from attending CYS programs for prolonged periods during disease outbreak, without the ability to return until the outbreak ends				
Parent/Guardian/Staff Signature:	Date:	Doctor Signature a	ia Stamp:	Date:
CYS Coordinator Signature:				Date:
Public Health Provider/Authority (Medical only):				Date:
Garrison Commander Signature (Non-Medical only):				Date:
Garrison Commander's Comments:				