

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE
LA ESCUELA.**

MEDICAL EXEMPTION:

Information Required in
MENINGOCOCCAL DISEASE

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Please check to indicate that you have reviewed the information on meningococcal disease and have decided that the student will not obtain a vaccination against meningococcal disease.

Date: _____

Signature (student or parent/guardian, if student is under the age of 18 years): _____

Print Name of Student: _____

Date of Birth: _____