

REQUEST FOR EXEMPTION FROM IMMUNIZATION



ADULT FORM

I request exemption from all vaccinations and/or immunization required for attendance to Florida Sea Base operated by the Boy Scouts of America. I understand that a medical evaluation and screening by a licensed health care practitioner is necessary to reduce the possibility of exposing other participants to a communicable disease.

In consideration of this exemption, I understand that I accept complete responsibility for my health, and I hereby release and agree to hold harmless, the Boy Scouts of America and any of its officers, agents and representatives from any liability which might arise during Scouting activities by virtue of this exemption. It is further understood that should an emergency arise, (name) \_\_\_\_\_ (telephone) \_\_\_\_\_ will be notified immediately. In the event that they cannot be located immediately, the Boy Scouts of America authorities may make such temporary measures as they deem necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

Sea Base Crew Number \_\_\_\_\_