

**Sindano za kinga zinazotakikana na shule  
School Immunization Requirement**

**Cheti cha buraa  
Certificate of exemption**

Jina \_\_\_\_\_ Tarehe ya kuzaliwa \_\_\_\_\_ Shule \_\_\_\_\_ Darasa \_\_\_\_\_  
*Name Birth date school Grade*

Anwani \_\_\_\_\_ Mzazi au Mdhamini \_\_\_\_\_ Simu \_\_\_\_\_  
*Address parent or guardian phone*

Buraa kwa sheria ya sindano za kinga

I. AFYA KUTOKUBALIKA: Ninakiri kwamba mwili wa mtoto huyu haikubaliani na  
*MEDICAL CONTRAINDICATIONS: I hereby certify that the physical condition of this child is such that the  
sindano hizi, sindano hizi za kinga zitahatarisha maisha na afya ya mtoto.  
following immunization(s) would endanger the life or health of the child*

Tia alama pa faapo

*Check Appropriate Box(es)*

DTP POLIO CHURUA MACHUBWICHUBWI RUBELA  
DTP POLIO MEASLES MUMPS - RUBELLA

\_\_\_\_\_  
Sahihi ya daktari  
Signature of Physician

II Buraa za kidini na/au binafsi: Tafadhali eleza sababu za kutaka buraa ya sindano za kinga  
*Religious and/or personal exemptions: Please provide your reasons for claiming an exemption to the required  
immunizations*

---

---

---

\_\_\_\_\_  
Sahihi ya mzazi au mdhamini  
(Parent or Guardian)