

This preview allows you to see what clients will see. No data will be collected or recorded.

Disabled Rights Advocates, PLLC

School -- ADA Vaccination Exemption Intake Form

Name *

First Name

Middle Name

Last Name

Email *

Cell phone *

Address *

Address

Address 2

City

State



Zip

Country



Please provide other parent's name and contact information (email/phone number) *

Please provide name of your child's school/school district *

Are you interested in becoming a plaintiff in a lawsuit against the state and/or school district? *

Yes No

Please provide the names and ages of each of your children. *

For each child, please list any previous vaccines they have received, how old they were when they received them and if the child had any adverse reactions to any particular vaccine. *

Does your child(ren) have any underlying medical conditions that are contraindicated for receiving a vaccine? *

Yes No

If yes for underlying medical conditions, please provide details of the condition, when it was diagnosed and the symptoms, complications and/or treatments. If no, please write N/A. *

Is family history of genetic issues listed as the reason for the current exemption request? *

Yes No

If yes, please provide the details of the genetic issues, which family members have those issues and what are the symptoms, complications and/or issues with each. If no, please write N/A. *

Do any of your children have an approved medical exemption that predates the most recent state law changes? if yes, please provide a copy of the exemption. *

Yes No

Please describe any adverse reaction and for which vaccine. Describe which reactions, if any, presently persist and if a medical doctor has linked the adverse reaction to the vaccines. *

Are both parents supportive of the lawsuit? Please explain the living-custody arrangement for the child/children being denied exemptions. *

Are you aware if your child(ren)'s pediatrician was disciplined for providing any vaccine exemption? *

Yes No

Are you aware if your child(ren)'s pediatrician, who has been disciplined, is willing to participate in this litigation? If yes, please provide the name and contact information. *

Please describe your experience with attempting to obtain a medical exemption for your child. Include the names and contact information for the doctors you contacted to obtain the exemption, when you contacted them, and what reasons if any they gave you for not extending a historic exemption or issuing a new one. Please also describe your interactions with your school district as well as the state health department. *

What are your specific questions you have about moving forward? *