

Immunization Requirements for School Attendance

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Immunization/Division of Epidemiology

Medical Exemption Statement for Children 0-18 Years of Age

NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE

Instructions:

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

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1. Patient's Name _____
 2. Patient's Date of Birth _____
 3. Patient's Address _____
 4. Name of Educational Institution _____

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website:

<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>

Please indicate which vaccine(s) the medical exemption is referring to:

- Measles, Mumps, and Rubella (MMR)
- Polio (IPV or OPV)
- Varicella (Chickenpox)
- Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap)
- Hepatitis B (Hep B)
- Meningococcal

Please describe the patient's contraindication(s)/precaution(s) here: _____

Date exemption ends (if applicable) _____

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) _____ Medical License # _____

Address: _____

Telephone: _____

Signature: _____ Date: _____