

Certificate of Medical Exemption

Name _____ Date of Birth _____

Student I.D. Number _____

The above named student should be exempt from some or all of the required pre-entrance immunizations as administration of immunizing agents may be detrimental to this student's health.

(List immunizations)

I understand that in the occurrence of an outbreak, potential epidemic, or epidemic of a vaccine-preventable disease, the State Health Commissioner may order this student's exclusion from school for their own protection until the danger has passed.

Physician Signature

Date