**Medical Exemption to Required Immunizations**
Optional Form for Licensed Physicians (MD or DO only)

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| --- | --- |
| STUDENT NAME (Last, First, Middle) | DATE OF BIRTH **/ /** |

Under the California Code of Regulations (17 CCR §6051):

Starting July 1, 2019, a parent or guardian must submit a signed, written statement from a physician (MD or DO) licensed in California which states:

* The specific nature of the physical condition or medical circumstance of the child for which a licensed physician does not recommend immunization.
* Each specific required vaccine that is being exempted.
* Whether the medical exemption is permanent or temporary.
* If the exemption is temporary, an expiration date no more than 12 calendar months from the date of signing.

**I certify that the child has a physical condition or medical condition such that immunization otherwise required for admission to school, child care center, day nursery, nursery school, family day care home, or developmental center in California is not considered safe.**

**The specific nature of the physical condition or medical circumstance for which immunization is not recommended is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that, for the protection of the child and other students, the child may be excluded from attending school for prolonged periods during outbreaks or exposure to disease for which immunizations has not been completed. (17 CCR §6060).

**Immunizations Included in Exemption:**

|  |  |  |
| --- | --- | --- |
| **Immunization** | **Duration of physical condition or medical circumstance** |  |
| 🞎 Polio | 🞎 Permanent | 🞎 Temporary\* until date: |
| 🞎 DTap (Tdap or Td if age 7 or older) | 🞎 Permanent | 🞎 Temporary\* until date: |
| 🞎 MMR | 🞎 Permanent | 🞎 Temporary\* until date: |
| 🞎 Hib (child care/ preschool only) | 🞎 Permanent | 🞎 Temporary\* until date: |
| 🞎 Hepatitis B | 🞎 Permanent | 🞎 Temporary\* until date: |
| 🞎 Varicella | 🞎 Permanent | 🞎 Temporary\* until date: |
| 🞎 Tdap (for 7th-12th grade) | 🞎 Permanent | 🞎 Temporary\* until date: |

*\*Temporary exemptions may expire no more than 12 calendar months from the date of signing.*

**Comments or additional information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MD/DO

License Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensed physician’s name, address, and telephone number