

# Medical Exemption from Immunization

## Exemption from School Entrance Immunization Requirements

**MEDICAL EXEMPTION:** As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify): \_\_\_\_\_

\_\_\_\_\_

DTP/DTaP:[ ] ; DT/Td:[ ] ; OPV/IPV:[ ] ; Hib:[ ] ; Pneum:[ ] ; Measles:[ ] ; Rubella:[ ] ; Mumps:[ ] ; HBV:[ ] ; Varicella:[ ]  
This contraindication is permanent: [ ] , or temporary [ ] and expected to preclude immunizations until: Date (*Mo., Day, Yr.*):  
|\_|\_|\_|\_|.

\_\_\_\_\_  
**Signature of Medical Provider or Health Department Official**

|\_|\_|\_|\_|  
**Date (*Mo., Day, Yr.*):**

Medical Provider's Name (print): \_\_\_\_\_  
Phone No. |\_|\_|\_|\_| - |\_|\_|\_|\_| - |\_|\_|\_|\_|\_|  
Medical Provider's Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: |\_|\_|\_|\_|\_|