



Space for provider office stamp (optional)

Medical Exemption Form

Arizona law requires that schools, preschools and child care facilities retain this form in order for a child to be exempted from immunization requirements for medical reasons.

This is the official ADHS-provided format used by licensed physicians and registered nurse practitioners to document that 1) due to the child's health or medical condition, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccine doses; 2) a child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached (required for measles, rubella, and varicella); or 3) the child has a documented medical history of disease OR laboratory evidence of immunity for diseases other than measles, rubella, and varicella.

Child's Name _____ Date of Birth _____

To be completed by a licensed physician or registered nurse practitioner to exempt a child from school or child care immunization requirements.

Printed Name of Physician or Nurse _____

Signature of Physician or Nurse _____ Date _____

Please list each vaccine included in the exemption and the reason for the exemption:

Three horizontal lines for listing vaccines and reasons.

Please indicate whether this is a permanent exemption [] or a temporary exemption []

If the exemption is temporary, please list the date the exemption ends _____

Parent/Guardian Section:

- 1. I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care and/or school until the risk period ends, which may be 3 weeks or longer.
2. I am aware that additional information about vaccine preventable diseases, vaccines, and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services. (www.azdhs.gov/phs/immunization).

Parent/Guardian Signature _____ Date _____

Arizona Revised Statutes 15-873 https://www.azleg.gov/arsDetail/?title=15, and Arizona Administrative Code, R9-5-305, http://apps.azsos.gov/public_services/Title_09/9-05.pdf, and R9-6-706, http://apps.azsos.gov/public_services/Title_09/9-06.pdf describe the requirements for medical exemptions in childcare and school settings.