		optional



Medical Exemption Form

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

This is the official ADHS-provided format used by <u>licensed physicians</u> and <u>registered nurse practitioners</u> to document that at least one of the two exemption requirements are met:

- 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. The 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 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 nur care immunization requirements.	se practitioner to exempt a child from school or child		
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:		
This is a permanent exemption			
This is a temporary exemption ending on the follow	ing date:		
Parent/Guardian Section:			
 I am aware that in the event the state or county health of vaccine-preventable disease for which I cannot provide allowed to attend child care and/or school until the risk 	proof of immunity for my child, he or she may not be		
I am aware that additional information about vaccine-provaccination services is available from my local county here.			

Arizona Revised Statutes <u>15-873</u>, and Arizona Administrative Codes <u>R9-5-305</u> and <u>R9-6-706</u> describe the requirements for medical exemptions in childcare and school settings.

Parent/Guardian Signature_

Health Services. (www.azdhs.gov/phs/immunization).