

Medical Exemption Review Summary

Section 1: To be completed by the school/children's facility

Name of student: _____ Birth date: _____ Grade: _____

Name of school/children's facility: _____

Name of person completing this form: _____

Phone number of person completing this form: _____

Please attach the following documentation:

- CIS form and/or printout from an approved computer tracking system
- Letter/verification from physician

Other supporting documentation attached (check all that apply):

- ALERT IIS record *or* ALERT IIS search done and no record found
- Lab report
- Additional immunization documentation

Date sent to local health department for review: _____

Section 2: To be completed by the local health department

Notes: _____

Medical exemption status:

- Permanent medical exemption approved
- Temporary medical exemption approved—Review date: _____
- Medical exemption denied (check all that apply)
 - Exclusion order mailed to parent
 - Parent will complete nonmedical exemption
 - Not in compliance with ACIP contraindications (explain below):

Name of local health department reviewer: _____

Local health department reviewer signature

Date

Please note the medical exemption status indicated above. Attach this form to the student's Certificate of Immunization Status form.