

# 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:

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## *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:

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Local health department reviewer signature

Date

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