

Arizona law requires that schools, preschools and childcare facilities obtain this form, completed by a physician or registered nurse practitioner, in order for a child to be exempted from immunization requirements for medical reasons.

Medical Exemption Form

This is the official ADHS-provided form used by <u>physicians</u> and <u>registered nurse practitioners</u> 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; or 3) the child has a history of Varicella (chicken pox) disease.

Child's Name	Date of Birth
To be completed by a physician or registered nurse practitioner to ex	sempt a child from childcare or school immunization requirements.
Printed Name of Physician or Nurse	
Signature of Physician or Nurse	Date
Please list each vaccine included in the exemption and the rea	ason for the exemption:
Please indicate whether this is a permanent exemption	or a <u>temporary</u> exemption
If the exemption is <u>temporary</u> , please list the date the exemption	on ends
Parent/Guardian Section:	
	department declares an outbreak of a vaccine-preventable disease for e or she may not be allowed to attend childcare and/or school until the .
 I am aware that additional information about vaccine preservices is available from my local county health depart (www.azdhs.gov/phs/immun/index.htm). 	eventable diseases, vaccines, and reduced or no cost vaccination ment and Arizona Department of Health Services.
Parent/Guardian Signature	Date

Arizona Revised Statutes 15-873, http://www.azleg.state.az.us/ars/15/00873.htm, and Arizona Administrative Code, R9-5-305, http://www.azsos.gov/public_services/Title_09/9-05.htm, describe the requirements for medical exemptions in childcare and school settings.