

Immunization Requirements for School Attendance

Medical Exemption Statement for Children 0-18 Years of Age

Student Information	Educational Institution Information
Student Name:	School/Facility Name:
Date of Birth:	Address:
Address:	

Instructions for the Requesting Physician

This form must be completed and signed by a physician licensed in New York State and be in accordance with the NYS Public Health Law Section 2164. Medical exemptions are granted for no more than one year and requests must be resubmitted annually. Students receiving homebound instruction through a school (including remote instruction) must comply with NYS Public Health Law Section 2164. Note this does not apply to students who are homeschooled by their parent/guardian, even if being provided IEP/IESP services at home through a school. The Advisory Committee on Immunization Practices (ACIP) Guide to Contraindications and Precautions to Commonly Used Vaccines can be found at: <https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>.

The following are **NOT** valid contraindications to ANY routine vaccine:

- Egg allergy, even if anaphylactic, is not a valid contraindication to MMR, influenza, or any other vaccine.
- Autism and/or developmental delay in the child or family member.
- Controlled seizures (with or without medication).
- Mild, acute illness (e.g., low-grade fever, cold, upper respiratory illness, diarrhea, otitis media).
- Contact with immunosuppressed persons.
- Pregnancy in the household or contact with a pregnant person.
- Family history of any vaccine reaction(s) or history of allergies (in a relative).
- Family history of seizures (in a relative).
- Metabolic disorders and MTHFR gene mutation.
- Parental requests to delay or withhold vaccinations.

Medical Exemption Request

As the student's physician, I request a medical exemption for **(student name)** _____
date of birth _____ for the following required immunization(s). I certify under penalty of violation of NYS Public Health Law Section 2164 that the particular immunization(s) will be detrimental to the child's health:

☐ DTap ☐ Tdap ☐ Td ☐ Polio ☐ Hepatitis B ☐ MMR ☐ Varicella ☐ MenACWY For children up to the 5th birthday: ☐ PCV ☐ Hib

Provide the medical basis for the exemption request, including diagnosis, relevant clinical findings, and treatment if applicable.	
Diagnosis/Event/Treatment:	
Expected Duration of Contraindication:	Date of Diagnosis/Event/Treatment:
Medical Explanation for Contraindication:	

Physician Name:	NYS Physician License Number: NY	
Physician Signature:	Degree: ☐ MD ☐ DO	Date:
Address:	STAMP	
Phone Number:		

FOR INSTITUTION USE ONLY	
Medical Exemption Status: ☐ Accepted ☐ Not Accepted	Date: _____ (Must be renewed annually)
School Contact Name:	Signature:
Title:	
Phone Number:	Fax Number: