

Medical Exemption for Immunization(s) Required for Entry into California Schools

Child's Name:	
_____	_____
last	first

middle	
Date of Birth: ____/____/____	
month day year	
List each individual exempted immunization and the specific nature of the physical condition or medical circumstance of the child for which you (the California licensed physician) do not recommend the immunization(s):	

Is the medical exemption permanent? Please circle: yes or no.	
If the medical exemption is temporary, list the expiration date: ____/____/____	
month day year	
Note: The expiration date can be no more than 12 calendar months from the date of signing.	
Signature of California licensed M.D. or D.O.	Printed name of M.D. or D.O.
Date	California State license number

This form must be completed by a California licensed Medical Doctor or Doctor of Osteopathy (M.D. or D.O.). Forms completed by other health care providers cannot be accepted. All sections must be completed for the exemption to be valid. Failure of parents or guardian to either submit this form or evidence of required immunizations will result in the student to be excluded from attending school. Please visit this website for more information about the new pre-kindergarten and school immunization requirements: <https://www.shotsforschool.org/frequently-asked-questions/regs2019/>