

## Iowa Department of Public Health Certificate of Immunization Exemption

## **Medical Exemption**

Name Last:	First:	Middle:	Date of Birth:
In the opinion of a p and well-being of the member applies only Hep B (Hepati DTaP (Diphthe IPV (Polio) Hib (haemoph If, in the opinion of t reviewed at a future  Administration of the live vaccine. In this	eria, Tetanus, Pertussis)  wilus influenza type b)  the physician, nurse practitioner, or physicidate, an expiration date shall be recorded  following required vaccine(s) would violate strumstance, the exemption shall apply or to exceed 60 days, shall be recorded on the /Rubella)	ssistant the following required immunizer's family or household (contraindication by those immunizations which are median PCV (Pneumocom MMR (Measles) Varicella (Chick Tdap (Tetanus, an assistant issuing the medical exemption the Certificate of Immunization Exemption in the medical exemption of the contract of the medical exemption of the contract of the medical exemption in the contract of the medical exemption of the contract of the medical exemption in the medical exemption of the contract of the medical exemption in the medical exemptio	ration(s) would be injurious to the health of due to contact with family or household cally contraindicated: occal) (Rubella) (Rupella)
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Certificate Expiration Date	:		
care or school will vary depen	ding on the type of disease and the circun	nstances surrounding the outbreak, and	ne length of time a child is excluded from child d could range from several days to over a nsed physician, nurse practitioner, or physiciar
	rtify the immunizations specified on this ce d or the required vaccine would violate the		th of the applicant, to a member of the
Name (Print):	or DO), Physician Assistant, or Nurse Practitioner	-	
•	or boy, rhysician Assistant, or Narse Fractioner		
Iowa License Number:	nysician (MD or DO), Physician Assistant, or Nurse Practit	ioner	
Signature:Physician (MD or	DO), Physician Assistant, or Nurse Practitioner	Date:	