Medical Immunization Exemption Certificate For Use in Public and Private Daycare, Preschool, School & College

Instructions for completing a Medical Immunization Exempt ion Certificate (Press down firmly to mark all copies)								
Section 1: Enter school and student information.								
Section 2: For health care provider use only. Please provide name, address, vaccine contraindication(s), signature and date.								
Section 3: For school use only: Obtain school signatures and dates and distribute copies as outlined below.								
Section 1: School arsdudent Information								
Name of Daycare, School, or Institution				Street Address		City	Zip Code	Phone
	Z	Р	i	h	р	0	n C	e
					•			

^{1.} I certify that due to a contraindication(s) the above named student is 26. the above named student is 26.02pt from at t6.02pt from at t6.02pt T02pt0.