

Medical Exemption Request

Instructions

- The child's pediatrician, family physician, or internist licensed in Mississippi must complete and submit this form to the State Epidemiologist or Deputy State Epidemiologist. Forms completed by a child's out-of-state tertiary care physician will be reviewed on a case by case basis.
- The State Epidemiologist or Deputy State Epidemiologist will complete the Medical Exemption Form 122 and return a copy via mail to the physician and the parent at the addresses indicated below.

Date of Request: _____

Name of Child: _____ Date of Birth: _____
Last First MI

Name of Parent: _____
Last First MI

Address: _____
Street City State Zip

Indicate the exemption status for each vaccine in the table below (an exemption status is required for each vaccine):

Vaccine	Indicate Permanent, Temporary or No Exemption	Expiration Date if Temporary
DTaP		
Hepatitis B		
*Hib		
IPV		
MMR		
*Pneumococcal		
**Tdap		
Varicella		

**For child care only*

***For 7th grade entry only*

Indicate reason for medical exemption (use additional sheets if needed): _____

Print name of child's pediatrician, family physician, or internist licensed in Mississippi (or out-of-state tertiary care physician): _____

Address: _____
Street City State Zip

Telephone Number: _____ Fax Number: _____

I declare that:

- The physical condition of this child to be such that the vaccination(s) specified on this form would endanger their life or health and outweighs the risks of death or disability from the vaccine preventable disease.
- I have discussed the benefits and risks of immunizations with the parent/guardian as a condition for exemption.
- I have informed the parent/guardian that if any vaccine-preventable diseases for which the child has not been adequately immunized are occurring in or threatening to occur in the community, the child will, for the safety and benefit of him/herself and other children, be excluded from daycare/school until the infectious disease is no longer present or is no longer a threat to the safety and welfare of the child or other children in the daycare/school.

Signature of child's pediatrician/family physician/internist licensed in Mississippi: _____
(Or out-of-state tertiary care physician)

Mississippi Medical License Number: _____ NPI#: _____
(Or out-of-state tertiary care physician license number)

**This document should be submitted to the State Epidemiologist or Deputy State Epidemiologist at the MSDH in Jackson, Mississippi.
 Mail to: MSDH Epidemiology Office, Post Office Box 1700, Jackson, Mississippi, 39215, or fax to (601) 576-7497.**