



## Certificate of Medical Exemption

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Employee/Student I.D. Number \_\_\_\_\_

The above named employee/student should be exempt from some or all of the required pre-entrance immunizations as administration of immunizing agents may be detrimental to this employee's/student's health.

---

---

---

(List immunizations)

I understand that in the occurrence of an outbreak, potential epidemic, or epidemic of a vaccine-preventable disease, the State Health Commissioner may order this employee's/student's exclusion from work/school for their own protection until the danger has passed.

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date