APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS



Medical Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases, which are preventable by vaccination, can cause serious illness and even death. The Utah Department of Health believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Utah Department of Health also recognizes that individuals may have medical conditions for which receiving one or all immunizations may be contraindicated.

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| As the physician for | | | |
| | | I hereby request that this child be exempted from the Utah condition for which immunizations are contraindicated. | Immunization Rule for Students (R396-100) due to a medical |
| | | Name of Physician (PRINT) Date | Signature of Physician |
| | | Name of Child Exempted (PRINT) | Child's Date of Birth |
| | | I understand that if an outbreak of a vaccine-preventable di whom this exemption is claimed is to be excluded from the outbreak and/or threat of exposure. My child will be allowed that there is no longer a risk of contracting or transmitting a | school or early childhood program for the duration of the dack only when a health department representative is satisfied |
| Name of Parent/Guardian (PRINT) | Signature of Parent/Guardian | | |
| Date | | | |
| *Exemption forms can only be used for enrollment in early childhood p through twelve. Exemptions and exemption forms do not apply to colle | orograms or public, private, and parochial schools for grades kindergarten ege/university attendance. | | |
| WHITE – School or Early Childhood Program | Utah Department of Health Immunization Program 05/11 | | |