

Wyoming Department of Health Medical Exemption to Mandatory School Immunizations

This application must be signed by the parent/guardian in the presence of a notary public. A statement from a licensed physician explaining the reason for the medical exemption <u>must</u> be attached to this application. <u>Please note: You must</u> <u>submit one application per child.</u> For additional information, please contact your local county public health nursing office or call the Immunization Unit at (307) 777-7952. Upon completing this application, return the <u>original completed</u> form to your local county public health nursing office or mail to: Wyoming Department of Health, 6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002, Attn: Immunization Exemptions. **PLEASE PRINT UNLESS A SIGNATURE IS REQUIRED.**

Name of Student:			Sex:	□ Male	Female
Date of Birth: /	Last / School Student Attends	First	MI	lomo	
School Mailing Address:	Y Y Y Y			lame	
Name of Parent/Guardian	:				
Mailing Address:		0.1		<u></u>	
Phone Number: ()	Street	City ()		State	Zip
Area Code	e Home Phone	Area Code	Alter	nate Phone	
l,	(Name of Pa	arent/Guardiar	n), request a m	edical exe	mption to the
mandatory school immuni	zation statute (W.S. § 21-4-309)	for			(Name of
Student), based on the me	edical reasons outlined in the atta	ched physicia	in statement.		
List the specific immuniza	tions to be exempted:				
Signature of Parent/Guardian To be signed in the presence of a	Notary Public		Date of Sig	Inature	
		WLEDGEME		nature	
	NOTARY ACKNO				
To be signed in the presence of a State of	NOTARY ACKNO	inty of	ENT		
To be signed in the presence of a State of	NOTARY ACKNON	inty of	ENT		mp Below
To be signed in the presence of a State of On this Day o Witness my hand and offic	NOTARY ACKNON	inty of	ENT		
To be signed in the presence of a State of On this Day o Witness my hand and offic Signature of Notary Public	NOTARY ACKNON	inty of	ENT		
To be signed in the presence of a State of On this Day o Witness my hand and offic	NOTARY ACKNON Cou f 20 cial seal.	inty of	ENT		
To be signed in the presence of a State of On this Day o Witness my hand and offic Signature of Notary Public My commission expires	NOTARY ACKNON Cou f 20 cial seal.	inty of	Int	or Sta	
To be signed in the presence of a State of On this Day o Witness my hand and offic Signature of Notary Public My commission expires	NOTARY ACKNON Cou f 20 cial seal.	inty of	Int	or Sta	
To be signed in the presence of a State of On this Day o Witness my hand and offic Signature of Notary Public My commission expires	NOTARY ACKNON Count f 20 Cial seal. Expiration date SE BY THE COUNTY OR ST	Inty of ' F	Int	or Sta	