Student Name: ___________________________ G#:_________________ Date of Birth: ____________

Medical Exemption Form

Tuberculosis Screening required regardless of exemption

INSTRUCTIONS:

- A licensed physician (MD, DO) must complete & sign form in blue or black ink. All dates must be entered onto form.
- Student should upload into Health Services Patient Portal.

As specified in the Code of Virginia § 23.1-800 D (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health.

Please mark the vaccine(s) that the proposed medical exemption(s) applies to:

☐ Hepatitis B ☐ Temporary until date: ___________________ ☐ Permanent
☐ MMR ☐ Temporary until date: ___________________ ☐ Permanent
☐ Meningitis (ACWY) ☐ Temporary until date: ___________________ ☐ Permanent
☐ Td ☐ Temporary until date: ___________________ ☐ Permanent
☐ Polio ☐ Temporary until date: ___________________ ☐ Permanent
☐ _____________________ ☐ Temporary until date: ___________________ ☐ Permanent

Additional Information: ____

____

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

This form will only be accepted if signed by a licensed physician (MD, DO). Use stamp for facility information.

Licensed Physician Printed Name and Credentials: ____

Licensed Physician Signature:____ Date:_____________

Phone: _______________

Healthcare Facility Stamp:
(or write in Facility Name, Address)