



Supplemental School Vaccine Medical Exemption Form

The Supplemental School Vaccine Medical Exemption Form is the official Division of Public Health (DPH) document to be completed by a licensed physician or advanced practice registered nurse practitioner to exempt a child from childcare or school immunization requirements. The health practitioner certifies that due to the child's health or medical condition, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccines. The exemptions to be included on this form are those not listed in School Vaccine Medical Exemption Form.

This form will also be used to document when a child has laboratory evidence of adequate immunity to one or more specific vaccine-preventable disease (lab results must be attached).

The completed and signed form must be submitted to the child's school, which will in turn submit to DPH for review and approval or denial.

To be completed by a currently licensed physician, advanced practice nurse, nurse practitioner, or physician's assistant to exempt a child from childcare or school immunization requirements.

Name of Patient _____ DOB _____

Name of Parent/Guardian _____

Signature (Patient/Parent) _____

Provider Information:

Clinician Name (print) _____ MD/DO/APRN

License #: _____

Signature _____ Date _____

Address _____

Phone # _____

A **contraindication** is a condition in a recipient that increases the risk for a serious adverse reaction. A vaccine will not be administered when a contraindication exists.

A **precaution** is a condition in a recipient that might increase the risk for a serious adverse reaction or compromise the ability of the vaccine to produce immunity. Under normal conditions, vaccinations should be deferred when a precaution is present.

Vaccine medical contraindications are determined by the Advisory Committee on Immunization Practices (ACIP).



Please list each vaccine included in the exemption and the reason for the exemption:

Please indicate whether the exemption is:

Permanent or **Temporary**

For **temporary**, list the date the exemption ends: ____/____/____

Parent/Guardian Section:

I am aware that in the event that the Division of Public Health (DPH) declares an outbreak of a vaccine preventable disease, or if in the estimation of DPH, my child has had, or is at risk of having an exposure to a vaccine preventable disease, my child shall be temporarily excluded from attendance at the childcare and/or school until the risk period ends, which may be three weeks or longer. My child shall be authorized to return to school once approved by DPH.

Parent/Guardian Signature _____ Date ____/____/____

Please return the form to:

School: _____

Address: _____

Phone Number: _____

Fax Number: _____

For School Only:

Received: _____ (date) Submitted to DPH: _____

Mail/fax to: The Division of Public Health
 Bureau of Communicable Diseases
 Attention: Carolyn Brown
 Thomas Collins Building, Suite 12
 540 South DuPont Highway
 Dover, Delaware 19901
 302-744-1050 (phone)
 302-739-2548 (fax)