

# Immunization Exemption Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

**Instructions for parent or guardian:**

- For medical exemption, have your child's physician complete Section 1 (return completed form to Head Start office)
- For non-medical exemption, you must complete section 2, sign and have notarized (return completed form to the Head Start office)

**SECTION 1 (Medical Exemption)** to be completed by physician:

Vaccine	Medical Exemption
Diphtheria, Tetanus, and Pertussis	
Polio	
Measles, Mumps, Rubella	
<i>Haemophilus influenzae</i> type b	
Chickenpox (varicella)	
Pneumococcal	
Hepatitis A	
Hepatitis B	
Meningococcal	

**Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_  
(of health care practitioner\*)

Date of Signature: \_\_\_\_\_

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.  
Minnesota Department of Health - Immunization Program (2019)

**SECTION 2 (Non-Medical Exemption)** to be completed by parent/guardian:

Vaccine	Non-Medical Exemption	Vaccine	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		Pneumococcal	
Polio		Hepatitis A	
Measles, Mumps, Rubella		Hepatitis B	
<i>Haemophilus influenzae</i> type b		Meningococcal	
Chickenpox (varicella)			

**Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me  
on \_\_\_\_\_ (date)  
by \_\_\_\_\_  
(name of parent or guardian)

Notary Signature: \_\_\_\_\_

Notary Stamp

STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_