

Medical Waiver Form for Vaccination Exemption

Confidential Medical Document

A **medical waiver form** for vaccination exemption is a critical document used to officially request exemption from immunization requirements due to medical reasons. This form typically includes detailed information about the individual's health condition and a healthcare provider's authorization. Properly completing the waiver ensures compliance with health policies while protecting individual medical needs.

Personal Information

Full Name:

Date of Birth:

Address:

Contact Number:

Vaccination Details

Vaccine(s) for Exemption:

Medical Information

Medical Condition Preventing Vaccination:

Supporting Medical Documentation:

Healthcare Provider Authorization

Healthcare Provider's Name:

Provider's License Number:

Provider's Contact Information:

Authorization Statement:

I affirm that the above-named individual has a medical condition that contraindicates the required immunization(s), as detailed above.

Healthcare Provider Signature:

Date:

Patient/Parent/Guardian Signature:

Date:

Submit Waiver Request