



Secondary School Vaccination Medical Exemption Form

This Secondary School Vaccination Medical Exemption Form is the official Division of Public Health (DPH) document to be completed by a licensed health care provider to exempt a child from childcare or school immunization requirements for contraindications not listed on the primary form. The licensed health provider completing this form certifies that due to the child's health condition or contraindication, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccines.

The completed and signed form must be submitted to the child's school nurse **with a completed primary form**, which will in turn submit to DPH for review and approval or denial. School staff may submit the form to DPH via fax at 302-622-4149 or email at reportdisease@delaware.gov.

Name of Student: _____ DOB: _____

For questions or concerns, contact the School Health Epidemiologist at Division of Public Health at 302-744-4700.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

PROVIDER USE ONLY

Provider Information:

Provider Name (Print): _____ Credentials: _____

Provider Phone: _____ Email: _____

License Number: _____ Licensing State: _____

Select vaccines for which this child should be exempted and provide specific medical contraindication.

All students

☐ Hepatitis B (HepB): _____

☐ Varicella (VAR): _____

☐ Measles, Mumps, Rubella (MMR): _____

☐ Diphtheria, Tetanus, Pertussis (DTaP/TDaP): _____

☐ Polio (IPV): _____

Grades 9 to 12 Only

☐ Meningococcal B (MenB-4C/MenB-FHbp): _____

Date of evaluation: _____

Provider Notes:

Provider Signature: _____ Date: _____

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DPH USE ONLY

☐ The student specified in this form, _____, has been approved for a medical vaccine exemption in the State of Delaware. This exemption is *temporary/permanent*. Temporary exemptions must be renewed each school year. Permanent exemptions will be renewed on a case-by-case basis.

☐ The student specified in this form, _____, has been denied for a medical vaccine exemption in the State of Delaware. Justification for denial is as follows:

An updated or corrected form may be submitted for reconsideration.

Date Reviewed: _____

DPH Reviewer (Print): _____

DPH Reviewer Notes:

DPH Reviewer (Signature): _____

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