

LETTER OF REQUEST FOR MEDICAL EXEMPTION

Dear (Name of Health Care Provider):

As the (mother/father/legal guardian) of the child named below, I am writing to request a medical exemption from the vaccine(s) and listing the reason(s) below. To validate this exemption request, I authorize and request you to provide supporting medical documentation that this medical exemption is appropriate for (name of child) in West Virginia Statewide Immunization Information System at <https://www.wvimm.org/wvsiis/> or through typed submission (handwritten submissions will not be accepted) of the form located at http://www.dhhr.wv.gov/oeps/immunization/Documents/Medical%20Exemptions/WV_Med_Exemption_Request_FILLABLE_Form%2011.20.13.pdf If you need to contact me for additional information concerning this request, please use the contact information provided below:

Name (parent/guardian): _____

Signature: _____

Name of child: _____

Child's date of birth: _____

Address of parent/guardian: _____

Telephone and/or email of guardian: _____

Name of school and county: _____

Vaccinations for which an exemption is requested: _____

Describe or list the medical conditions, events or other reasons for which a medical exemption is being requested (additional pages may be attached):

