Wyoming Department of Health
Medical Exemption to Mandatory School Immunizations

This application must be signed by the parent/guardian in the presence of a notary public. A statement from a licensed physician explaining the reason for the medical exemption must be attached to this application. Please note: You must submit one application per child. For additional information, please contact your local county public health nursing office or call the Immunization Unit at (307) 777-7952. Upon completing this application, return the original completed form to your local county public health nursing office or mail to: Wyoming Department of Health, 6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002, Attn: Immunization Exemptions. PLEASE PRINT UNLESS A SIGNATURE IS REQUIRED.

Name of Student: ____________________________  Sex: □ Male  □ Female

Date of Birth: __/__/____  School Student Attends: ____________________________

School Mailing Address: __________________________________________________________

Name of Parent/Guardian: _______________________________________________________

Mailing Address: ________________________________________________________________

Phone Number: (_____)___________________________ (_____)___________________________________

I, ___________________________________ (Name of Parent/Guardian), request a medical exemption to the mandatory school immunization statute (W.S. § 21-4-309) for ______________________________ (Name of Student), based on the medical reasons outlined in the attached physician statement.

List the specific immunizations to be exempted: _______________________________________

Signature of Parent/Guardian
To be signed in the presence of a Notary Public

NOTARY ACKNOWLEDGEMENT

State of __________________________________ County of __________________________________

Subscribed and sworn to this ________ day of ______________________, 201 __, by the above named (person name) ____________________________, known by me, or proven to be the person named as the Parent/Guardian in the above Medical Exemption to Mandatory School Immunizations.

Witness my hand and official seal.

Signature of Notary Public

My commission expires

Expiration date

FOR USE BY THE COUNTY OR STATE HEALTH OFFICER ONLY

Immunizations Exempted: __________________________________________________________

Signature of County or State Health Officer  Date

Revised 12/11/2013