Medical Exemption Request

INSTRUCTIONS

- The child's pediatrician, family physician, or internist licensed in Mississippi must complete and submit this form to the State Epidemiologist or Deputy State Epidemiologist. Forms completed by a child's out-of-state tertiary care physician will be reviewed on a case-by-case basis.
- The State Epidemiologist or Deputy State Epidemiologist will complete the Medical Exemption (Form 122) and return a copy via mail to the physician and the parent at the addresses indicated below.

Date of Request				
Name of Child			Date of Birth	
Last	First	MI		
Name of Parent				
Last	First	MI	_	
Address				
Street			State	Zip
Indicate the exempti	ion status for each vaccine in the t	able below (an exempt	tion status is required for o	each vaccine):
Vaccine	Vaccine Indicate Permanent, Temporary, or No Exemption		Expiration Date if Temporary	
DTaP				
Hepatitis B				
*Hib				
IPV				
MMR				
%Pneumococcal				
**Tdap				
Varicella				
*For child care only.	**For 7 th grade entr	y only.	•	
	cal exemption (use additional sheets	, <u> </u>	ppi (or out-of-state tertiary c	are physician)
Address				
Street	City		State	Zip
Telephone Number			Fax Number	
the risk of death or disa I have discussed the be I have informed the paraccurring in or threater from day care/school uchildren in the day care	liatrician/family physician/internist	case. the parent/guardian as a contable diseases for which the d will, for the safety and be resent or is no longer a three	ndition for exemption. le child has not been adequately enefit of him/herself and other eat to the safety and welfare of	y immunized are children, be excluded the child or other
Mississippi Medical License Number			NPI#:	
(Or out-of-state tertiary	care physician)			

This document should be submitted to the State Epidemiologist or Deputy State Epidemiologist at MSDH in Jackson, Mississippi.

Mail to: MSDH Epidemiology Office, Post Office Box 1700, Jackson, Mississippi, 39215, or fax to (601) 576-7686

MISSISSIPPI STATE DEPARTMENT OF HEALTH FORM INSTRUCTIONS

MEDICAL EXEMPTION REQUEST

FORM NUMBER F-139

REVISION DATE

RETENTION PERIOD The completed and signed form will be housed at the Mississippi State Department

of Health and will be reviewed periodically to ensure validity.

PURPOSE To request a medical exemption from one or more required vaccination(s) for

childcare or school entry in Mississippi.

INSTRUCTIONS

- 1. This form must be completed and signed by the child's pediatrician, family physician, or internist who is duly licensed in the state of Mississippi. The same pediatrician, family physician, internist, or tertiary care physician must be indicated on the form the medical condition of the child seeking exemption and indicate the exemption status for each of the listed vaccines. Children receiving specialized or tertiary care outside of the state may have medical exemption requests completed and signed by their tertiary care physician. These medical exemption requests will be reviewed on a case-by-case basis.
- 2. Each section of the Medical Exemption Request Form must be **fully completed**, to include an indication of the requested exemption status for each vaccine listed and indication of the medical reason for the exemption. The requesting physician will be contacted in the event that the medical exemption request is incomplete and not accepted.
- 3. The medical exemption request form should be sent to the Mississippi State Department of Health central office in Jackson at:

Mississippi State Department of Health 570 E. Woodrow Wilson, O-420

Attn: Public Health Program Specialist

PO Box 1700

Jackson, MS 39215-1700 Telephone: (601) 576-7751 Fax: (601) 576-7686

- 4. Review of all medical exemption requests will be conducted at the Mississippi State Department of Health by the State Epidemiologist or Deputy State Epidemiologist.
- 5. Follow up and request for additional information will be conducted by the State Epidemiologist or Deputy State Epidemiologist for out-of-state medical exemption requests if needed. The parent and the requesting physician will be contacted in the event that the out-of-state medical exemption request is not accepted.
- 6. Once the request is reviewed for completeness and accepted a Certificate of Medical Exemption (Form 122) will be issued. ONLY the Certificate of Medical Exemption (Form 122) signed and dated by the State Epidemiologist or Deputy State Epidemiologist provides official, documented proof that a child has been issued a medical exemption by the Mississippi State Department of Health. A copy of the Certificate of Medical Exemption (Form 122) will be mailed to the parent and the requesting physician.

OFFICE MECHANICS AND FILING

The original copy of the completed and signed Medical Exemption Request (Form 139) and Certificate of Medical Exemption (Form 122) will be housed at the Mississippi State Department of Health.

This form is <u>NOT</u> an official exemption and should not be misinterpreted as the certificate of Medical Exemption (Form 122).

Exemption from required immunizations for religious, philosophical, or conscientious reasons is not allowed under Mississippi law.