



William S. Clark, DO
1631 4th St.
Escalon, CA 95320

Vaccination Medical Exemption

Physical Condition(s) and/or Medical Circumstance(s), such that vaccination(s) is/are Not Considered Safe.

Patient (Full) Name: _____ DOB _____

I certify that the child listed above has a *physical condition(s)* and/or *medical circumstance(s)* such that vaccination(s) required for admission to school, child care center, day nursery, nursery school, family day care home, or development center in California is *not considered safe*.

Reviewed	Medical Exemption:	Permanent	Temporary	Individualized Schedule
<input type="checkbox"/>	DTaP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	MMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	All vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indications for **Medical Exemption:**

William S. Clark, D.O.

Signature

Date

This document is a private and confidential record of the patient/student named above. This document is protected from disclosure by applicable laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). Further, pursuant to Cal. Health & Safety Code section 120440 and other applicable student/patient privacy laws, this child's guardian(s) does not consent to outside sharing or 3rd party sharing of the child's vaccination or exemption record.