

Iowa Department of Public Health Certificate of Immunization Exemption

Medical

Name Last:	First:	Middle:	Date of Birth:	
☐ In the opinion of a physi member of the applicant nurse practitioner, or phyrecorded on the Certifica ☐ Administration of the recorded donate of the recorded donate of the recorded doses of exempted Medical exemptions do not apply	ries for a medical exemption to immunization for cian, nurse practitioner, or physician assistant the samily or household. In this circumstance, the ysician assistant issuing the medical exemption, to the of Immunization Exemption. It is provided the provided with	e required immunization(s) would be in exemption may apply to a specific vac- he exemption should be terminated or acing. In this circumstance, the exemp ays, and the name of the vaccine shall d by the state board of health and declar	ine(s) or all vaccines. If, in the opinion of the placeviewed at a future date, an expiration date shad ion shall apply only to an applicant who has not be recorded on the certificate. The recorded on the certificate is a specific to the certificate. The recorded on the certificate is a specific to the certificate.	hysician, all be
List vaccine(s):		Certificate	Expiration Date:	
Signature:	or DO), Physician Assistant, Nurse Practitioner	Date:		
Name Last:	Eiret ·	Religious	Date of Birth:	
A religious exemption may be gra reasons shall be signed by the ap with a genuine and sincere religio immunizations. The Certificate of	nted to an applicant if immunization conflicts with plicant or, if the applicant is a minor, by the pare us belief and that the belief is in fact religious, as Immunization Exemption for religious reasons is of health and declared by the director of public h	n a genuine and sincere religious belief nt or guardian or legally authorized rep nd not based merely on philosophical, s valid only when notarized. Religious e	A Certificate of Immunization Exemption for rel resentative and shall attest that the immunization cientific, moral, personal, or medical opposition to	ligious n conflicts o
Signature:	Applicant, Parent or Guardian	Date:		
	pplicant, Parent or Guardian County of			
This instrument was acknowledged before me on			Seal or Stamp	
by	Name(s) of Person(s)			
	Name(s) of Person(s)			
-				
Title (or Rank for Military Pers	onnel):			