

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 Program 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	First Attends:	MI		
MM DD YYYY School Mailing Address:		Name		
Name of Parent/Guardian:				
Mailing Address:Street	City	State	Zip	
Phone Number: ()	()_ Area Code	Alternate Phone	<u>.</u>	
I,(Nai			mption to the	
mandatory school immunization statute (W.S. § 21		•	•	
	•		(**********************************	
Student), based on the medical reasons outlined in	the attached physici	an statement.		
List the specific immunizations to be exempted: _				
Signature of Parent/Guardian To be signed in the presence of a Notary Public		Date of Signature		
NOTARY A	CKNOWLEDGEM	IENT		
State of	County of			
On this Day of	20 ,			
		Place Seal or Stamp Below		
Witness my hand and official seal.				
Signature of Notary Public				
My commission expires Expiration date				
,				
FOR USE BY THE COUNTY	OR STATE HEA	LTH OFFICER ONLY		
Immunizations Exempted:				