

MEDICAL EXEMPTION STATEMENT TO IMMUNIZATION FORM

For Campers 5-18 years of Age

New York State 4-H Camps follow the school vaccination requirements. Children attending a New York State 4-H Camp must have all required doses of vaccines on the recommended schedule in order to attend or remain in camp. This is true unless they have a valid medical exemption to immunization. A medical exemption is allowed when a child has a medical condition that prevents them from receiving a vaccine. There are no nonmedical exemptions to school vaccine requirements in NYS.

Instructions:

1. Complete information (name, DOB, etc.)
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

Camper's Name: _____

Camper's Date of Birth: _____

Camper's Address: _____

Camp(s) Attending and Date(s): _____

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website:

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Please CIRCLE which vaccine(s) the medical exemption is referring to:

Haemophilus Influenzae type b (Hib)

Polio (IPV or OPV)

Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap)

Hepatitis B (Hep B)

Measles, Mumps, and Rubella (MMR)

Varicella (Chickenpox)

Pneumococcal Conjugate Vaccine (PCV)

Meningococcal Vaccine (MenACWY)

Please describe the patient's contraindication(s)/precaution(s) here: _____

Date exemption ends (if applicable): _____

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print): _____

NYS Medical License #: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

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For Camp Use ONLY: Medical Exemption Status

Accepted: _____ Not Accepted: _____ Date: _____