

**Iowa Department of Public Health
Certificate of Immunization Exemption**

Medical

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

The above named applicant qualifies for a Medical Exemption to Immunization for the following reason (select one):

- In the opinion of a physician, nurse practitioner, or physician assistant the required immunizations would be injurious to the health and well-being of the applicant or any member of the applicant's family or household. In this circumstance, the exemption may apply to a specific vaccine(s) or all vaccines. If, in the opinion of the physician, nurse practitioner, or physician assistant issuing the medical exemption, the exemption should be terminated or reviewed at a future date, an expiration date shall be recorded on the Certificate of Immunization Exemption.
- Administration of the required vaccine would violate minimum interval spacing. In this circumstance, the exemption shall apply only to an applicant who has not received prior doses of exempted vaccine. An expiration date, not to exceed 60 days, and the name of the vaccine shall be recorded on the certificate. Medical exemptions do not apply in times of emergency or epidemic as determined by the state board of health and declared by the director of public health. A Certificate of Immunization Exemption for medical reasons is valid only when signed by a physician, nurse practitioner, or physician assistant.

List vaccine(s): _____ Certificate Expiration Date: _____

Signature: _____ Date: _____
Physician (MD or DO), Physician Assistant, Nurse Practitioner

Religious

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

A religious exemption may be granted to an applicant if immunization conflicts with a genuine and sincere religious belief. A Certificate of Immunization Exemption for religious reasons shall be signed by the applicant or, if the applicant is a minor, by the parent or guardian or legally authorized representative and shall attest that the immunization conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations. The Certificate of Immunization Exemption for religious reasons is valid only when notarized. Religious exemptions do not apply in times of emergency or epidemic as determined by the state board of health and declared by the director of public health.

Signature: _____ Date: _____
Applicant, Parent or Guardian

State of _____ County of _____

This instrument was acknowledged before me on _____ Date
by _____ Seal or Stamp

Signature of Notary Public: _____
Name(s) of Person(s)

Title (or Rank for Military Personnel): _____