

State Department of Health & Environmental Sciences
PHYSICIAN'S MEDICAL EXEMPTION FORM
 MONTANA SCHOOL IMMUNIZATION LAW
 (20-5-401 through 410, MCA)

STUDENT'S NAME	BIRTHDATE	SEX	SCHOOL	
NAME OF PARENT OR GUARDIAN	ADDRESS		CITY	TELEPHONE <i>Home</i> <i>Work</i>

MEDICAL EXEMPTION/CONTRAINDICATION

The physical condition of this child is such that the following immunization(s) would endanger the child's health. *(Physician, please check the immunization(s) contraindicated for this child).*

- | | |
|---|---|
| 1) <input type="checkbox"/> DTP | 4) <input type="checkbox"/> Measles (Rubeola) |
| 2) <input type="checkbox"/> Td | 5) <input type="checkbox"/> Rubella |
| 3) <input type="checkbox"/> TOPV (Trivalent oral polio) | |

Specific nature of Medical Condition _____

Probable duration of Exemption _____

Name of Physician (Please Print or Type)

Signature of Physician

Date

- NOTE: 1) This statement of Exemption *must* be maintained as a part of the above named child's school immunization records.
- 2) Under Section 20-5-405(3): If a person for whom an Exemption has been filed has or is exposed to, or will be exposed to as the result of school attendance, a disease specified by this law, that person may be excluded from school by health authorities. This exclusion is in force until the excluding authority is satisfied that the person no longer risks contracting or transmitting that disease. The exclusion period shall not exceed 30 calendar days.