



CERTIFICATE OF MEDICAL EXEMPTION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Student I.D. Number \_\_\_\_\_

The administration of immunizing agents conflicts with the above named student's/my medical tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my/my child's school, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.

\_\_\_\_\_  
Signature of parent/guardian/student Date

I hereby affirm that this affidavit was signed in my presence on

This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_,

In the city/county of \_\_\_\_\_, Commonwealth of Virginia

\_\_\_\_\_  
Notary Signature

My commission expires on \_\_\_\_\_

Notary Public Seal

SHC Form CME – 0808