



Radford City Public Schools

1612 Wadsworth Street
Radford, Virginia 24141

www.rcps.org
540/731-4419

MEDICAL EXEMPTION:

As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that the administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap :[____]; DT/Td:[____]; OPV/IPV:[____]; Hib:[____]; PCV:[____]; RV:[____];
Measles :[____]; Mumps:[____]; Rubella :[____]; VAR:[____]; Men ACWY:[____]; Men
B:[____]; Hep A:[____]; HBV:[____]

This contraindication is permanent: [], or temporary [] and expected to preclude
immunizations until:

Date (Mo., Day, Yr.): |_____|_____|_____.

Signature of Medical Provider or Health Department Official:

_____ Date (Mo., Day, Yr.): ____/____/____