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.):___/___/___