



111 FRANKLIN STREET NEW YORK CITY NEW YORK 10013

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Request for Medical Exemption to Immunization Form

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Name of Student \_\_\_\_\_

Name of Parent(s)/Guardian(s) (If student is under 18) \_\_\_\_\_

**HEALTH CARE PROVIDER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This form is for your use in applying for a medical exemption to Public Health Law immunization requirements for \_\_\_\_\_.  
*(Name of Student)*

The purpose of this form is to the medical basis for the request. In the area provided below, please write your statement. The statement must indicate the medical reason why the above named student is exempt from the immunization(s) required under New York State Public Health Law (PHL) Section 2165.

You may attach to this form additional written pages or other supporting materials if you so choose.

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Please continue your statement on page 2

