Iowa Department of Public Health
Certificate of Immunization Exemption

Medical

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

Expiration Date: _____

A medical exemption may be granted to an applicant when, in the opinion of a physician, nurse practitioner, or physician assistant, the required immunizations would be injurious to the health and well-being of the applicant or any member of the applicant's family or household. A medical exemption may apply to a specific vaccine(s) or all required immunizations. A Certificate of Immunization Exemption for medical reasons is valid only when signed by a physician, nurse practitioner, or physician assistant. If, in the opinion of the physician, nurse practitioner, or physician assistant issuing the medical exemption, the exemption should be terminated or reviewed at a future date, an expiration date shall be recorded on the Certificate of Immunization Exemption.

List vaccine(s): _____

Signature: _____ Date: _____
Physician (MD, DO), Physician Assistant, Nurse Practitioner

Religious

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

A religious exemption may be granted to an applicant if immunization conflicts with a genuine and sincere religious belief. A Certificate of Immunization Exemption for religious reasons shall be signed by the applicant or, if the applicant is a minor, by the parent or guardian or legally authorized representative and shall attest that the immunization conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations. The Certificate of Immunization Exemption for religious reasons is valid only when notarized. Religious exemptions shall become null and void during times of emergency as determined by the state board of health and declared by the director of public health.

Signature: _____ Date: _____
Applicant, Parent or Guardian

State of _____ County of _____

This instrument was acknowledged before me on _____,
Date

Seal or Stamp

by _____,
Name(s) of Person(s)

Signature of Notary Public: _____

Title (or Rank for Military Personnel): _____