FORM F-6 **Template 6** · **How to use**

Template 6: Medical Exemption Request (Parent Cover Letter)

For states that allow only medical exemptions (California, Connecticut, Maine, New York, West Virginia), and for medical exemptions in any state. A licensed provider must make the medical determination. This letter is the parent's cover letter; it does not create an exemption on its own.

States in Category 6: California, Connecticut, Maine, New York, West Virginia.

Notes for Use in Specific States

- **California:** your physician (MD or DO) enters the exemption in the state's CAIR-ME registry. There is nothing for a parent to submit.
- **Connecticut:** the provider completes the DPH Student Medical Exemption Certificate through the DPH portal.
- **Maine:** a physician, nurse practitioner or physician associate may sign; no state form is required.
- **Mississippi:** the State Epidemiologist must approve the exemption and issues Form 122.
- **New York:** a New York-licensed physician must complete form DOH-5077.
- **West Virginia:** the state must approve medical exemptions.

Next Steps

- Make sure the provider completes and signs the correct form for your state.
- Submit the exemption to the school, or to the health department if your state requires it.
- Keep copies for your records and note any renewal date.

Next: the fill-in sheet (Form F-6) and then the letter follow on the next pages.

> **BEFORE YOU FILE**
>
> Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.
>
> In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.
>
> Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received.

FORM F-6 Template 6 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Parent/Guardian Name	
Address	
City, State, ZIP Code	
Email Address	
Phone Number	
Date	
School Name	
School Address	
Child’s Full Name	
School Official’s Name	
City, State	
State statute or rule (from your state’s entry)	
Scope of the exemption (all, or list the vaccines)	
Provider who signs, as your state requires	
Provider letter, if requested	

Signature: Date:

FORM F-6 **Template 6 · Letter**

To:

Subject: Medical Exemption from Immunization Requirements for

Dear ,

I am the parent/legal guardian of , who is enrolled at in .

Under , I am submitting a medical exemption from for my child. The documentation is attached:

1. The state's medical exemption form or certificate, completed and signed by .
2.

I understand that my child may be excluded from school temporarily if there is an outbreak of a vaccine-preventable disease.

Please confirm receipt in writing. I can be reached at or .

Sincerely,

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