NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

MEDICAL EXEMPTIONS FROM VACCINATION REQUIRED FOR SCHOOL ATTENDANCE IN NEBRASKA

As the medical provider for the following patient:

_____ _____

Patient name *Date of birth (mm/dd/yyy)*

I have elected to not immunize this student against the following disease(s):

☐COVID-19

☐Haemophilus Influenzae Type B (Hib)

☐Hepatitis B

☐Measules, Mumps, and/or Rubella (MMR)

☐Pneumococcal (PCV13)

☐Polio (IPV)

☐Tetanus, Diptheria and/or Pertussis (DTap,Tdap)

☐Varicella

(Each disease for which a vaccine has not been administered must be checked. Documentation of vaccination against all other diseases must be administered.)

It is my professional medical opinion that immunization would be injurious to the health of:

☐Patient

☐Member of the patient's household/family

Comments _____

_____

_____ _____

Signature of Physician, Physician Assistant, or Advanced Practice Registered Nurse- Nurse Practitioner

Date

Revised 5/5/2023