



Schertz-Cibolo-Universal City Independent School District
Health Services
1060 Elbel Road, Schertz, Texas 78154

Medical Exemption from Immunizations
(Must be completed annually)

Students: _____ DOB _____

The above named student is being treated/followed for the medical condition:

The parent is aware of the health risks posed to the student as a result of not being fully immunized as required by state law.

Because of this student's medical condition, it is my professional opinion (as the treating physician) that immunizations for this student are medically contraindicated at this time. The parent agrees that it is in the child's best interest to not be further immunized until their child's medical condition improves or resolves.

Signature of Parent

Signature of Physician

Today's Date

Daytime phone

Printed name of Physician

Office Phone Number