

IMCOM G9 Child and Youth Services Immunization Waiver Request Form

Initial Renewal Medical Non-Medical Waiver

Child or Youth/Staff/Volunteer/Contractor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full Name (Last, First, Middle):	Age: Date of Birth: Program Attend/Work:
Installation:	Staff/Volunteer/Contractor Position:

Waiver for Medical/ Non-Medical Circumstance

The identified person requests an Immunization Waiver. They have a medical/non-medical circumstance preventing administrations of required immunizations for participation in CYS programs.

Immunizations

<input type="checkbox"/> DTaP	<input type="checkbox"/> HIB	<input type="checkbox"/> MMR	<input type="checkbox"/> Varicella	<input type="checkbox"/> Meningococcal
<input type="checkbox"/> COVID-19	<input type="checkbox"/> Influenza	<input type="checkbox"/> Polio	<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Tdap/Td	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Medical Diagnosis (**Medical Provider Signature and Stamp Required**):

Non-Medical objection statement (**Medical Provider Signature Not Required**):

I acknowledge that un-vaccinated Children/Youth/Staff/Volunteer/Contractor may be excluded from attending CYS programs for prolonged periods during disease outbreak, without the ability to return until the outbreak ends.

Parent/Guardian/Staff Signature:	Date:	Doctor Signature and Stamp:	Date:
CYS Coordinator Signature:			Date:
Public Health Provider/Authority (Medical only):			Date:
Garrison Commander Signature (Non-Medical only):			Date:

Garrison Commander's Comments:

APPROVED DISAPPROVED ADDITIONAL INFORMATION NEEDED

For IMCOM Tracking ONLY:

Date Submitted to DCS, G-9: _____
 Date Submitted to TMT: _____ TMT# _____
 Date Received back from TMT: _____