



Revoked Medical Exemption Appeal Request Instructions



For Parents and Guardians

Pursuant to California law, medical exemptions are revoked if they were issued prior to January 1, 2020 by any physician who has had disciplinary action taken by the Medical Board of California or Osteopathic Medical Board of California. (Health & Safety Code, §120372(d)(4)). In this instance, revocation does not depend upon the medical condition.

These exemptions will no longer be valid for use at schools starting at the beginning of the 2021-2022 school year or at child care facilities starting September 1, 2021.

- **Next step:** Contact your child's physician.
 - If your child does not need a medical exemption, your child's physician can help your child catch up on needed vaccines. (For more information, visit <https://www.shotsforschool.org>.)
 - If your child still needs a medical exemption, go to the California Immunization Registry - Medical Exemption web site at <https://cair.cdph.ca.gov/exemptions> to request a medical exemption.
- **To appeal this decision:**

If you believe the physician who issued the exemption prior to 2020 has not had disciplinary action taken by the Medical Board of California or Osteopathic Medical Board of California, you may appeal the decision within 30 days of notification of the revocation with the California Health and Human Services Agency. To start the appeal process, fill out the parent section of the form below and give it to your child's school or child care facility who will complete and submit the form.

For Schools and Child Care Facilities

- To file an appeal, schools and child care facilities will need to complete their section of the form, then email page 2 of this form and an exact copy of the original medical exemption to meappeal-inquiries@chhs.ca.gov, and may include the parent or guardian on the email.
- Or, the form and an exact copy of the original medical exemption can be mailed to:
California Health and Human Services Agency
Medical Exemption Revocation Appeals
1600 9th Street
Room 460
Sacramento, CA 95814

Questions about this form or the appeal process? Visit www.shotsforschool.org or email meappeal-inquiries@chhs.ca.gov.



Revoked Medical Exemption Appeal Request



To Be Completed by the Parent or Guardian

Child's Name (First Last):	Child's Date of Birth:
Parent or Guardian's Name (First Last):	Phone Number:
Parent or Guardian's Mailing Address:	Parent or Guardian's Email Address:

You must check all boxes below for the appeal to be considered.

I, the parent or guardian of the child listed above, request to appeal the revocation of my child's medical exemption issued prior to January 1, 2020 because the physician who issued the exemption has not had disciplinary action taken by the Medical Board of California or Osteopathic Medical Board of California.

The information submitted in this form is true, accurate, and complete.

I authorize the school or child care facility to release an exact copy of my child's original medical exemption to the California Health and Human Services Agency.

To Be Completed by the School or Child Care Facility

School/Child Care Facility Name:	School/Child Care Contact Name (First Last):
School/Child Care Contact Email Address:	School/Child Care Contact Phone Number:
Issuing Physician's Name (First Last):	Issuing Physician's California Medical License Number:
School/Child Care Contact Signature	Date: