



# Revoked Medical Exemption Appeal Request Instructions



## For Parents and Guardians

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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These exemptions are no longer valid for use at schools or childcare facilities.

- **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.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/shotsforschool.aspx>)
  - If your child still needs a medical exemption, go to CAIR-ME, the California Immunization Registry - Medical Exemption web site at <https://cair.cdph.ca.gov/exemptions> to create an account and visit <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/laws-exemptions.aspx> for more information.
- **To appeal this decision:**

You may appeal the decision within 30 days of notification of the revocation with the California Health and Human Services Agency (CalHHS). 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. If staff are not available, you may need to submit the form yourself along with your child's medical exemption.

## For Schools and Child Care Facilities

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- 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](mailto:meappeal-inquiries@chhs.ca.gov), and you may include the parent or guardian on the email. Children may remain in attendance during the appeal process.
- Or, you can mail the form and an exact copy of the original medical exemption to:

California Health and Human Services Agency  
Attn: ME Revocation Appeals  
1215 O Street, MS-08  
Sacramento, CA 95814

Questions about this form or the appeal process? Visit [Shots for School \(ca.gov\)](https://shotsforschool.ca.gov) or email [meappeal-inquiries@chhs.ca.gov](mailto:meappeal-inquiries@chhs.ca.gov).



# Revoked Medical Exemption Appeal Request Form



## 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.

- 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: