

# Instructions to Request a Medical Exemption

California Immunization Registry – Medical Exemption (CAIR-ME) Web Site

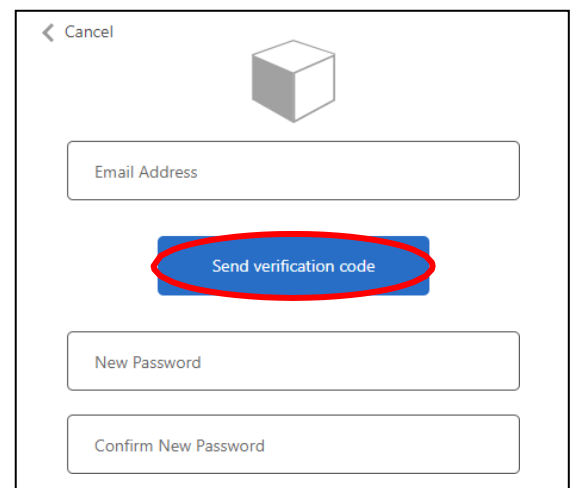
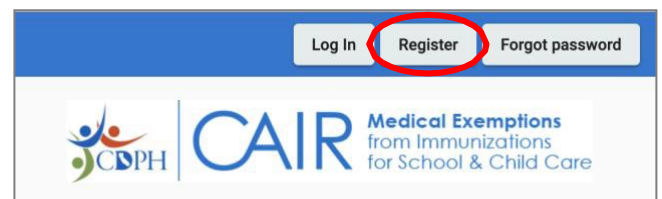
## Overview:

To request a medical exemption for your child, the first step is to register for a CAIR-ME account at <https://cair.cdph.ca.gov/exemptions/home>. Next, log in to your account and complete the required fields to request an exemption. The site will give you a Medical Exemption Request Number to give to your child's doctor. The doctor can register for an account in CAIR-ME, log in, search for the medical exemption request number or your child's name, enter the required information, and issue the exemption. The doctor will give you a copy of the two-page medical exemption form for you to take to your child's school or child care facility.

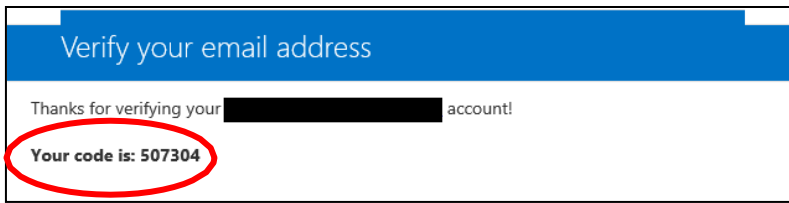
**Recommended Browsers:** Google Chrome or Microsoft Edge. You can download these browsers for free. Do not use Microsoft Internet Explorer.

## Detailed Steps to Request a Medical Exemption:

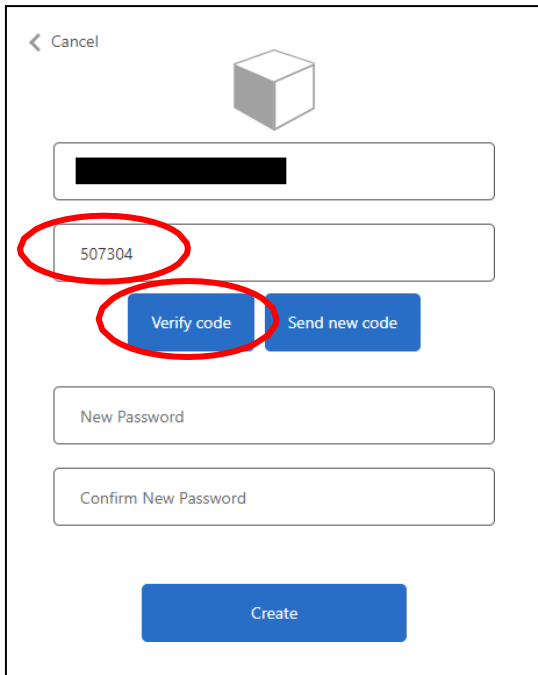
1. Go to the CAIR-ME web site: <https://cair.cdph.ca.gov/exemptions/home>.
2. In your browser settings, make sure pop-ups are enabled for the CAIR-ME site.
3. Click the "Register" button on the top right-hand corner of the home page.
4. On the user agreement page, click the "I Agree to the User Access Agreement" button at the bottom of the page.
5. Enter your email address and click the "Send verification code" button. Do not close this page.



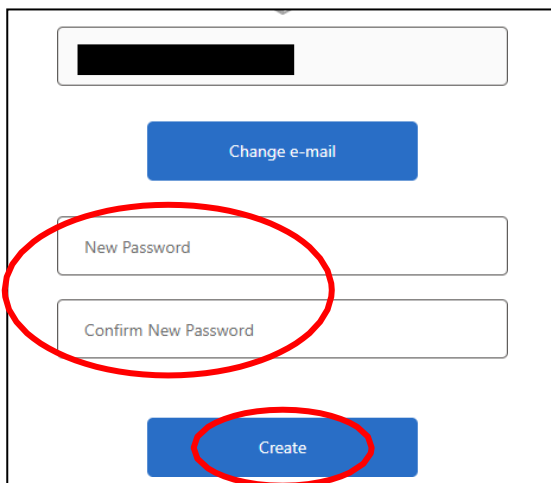
6. Check your email for a six-digit verification code.



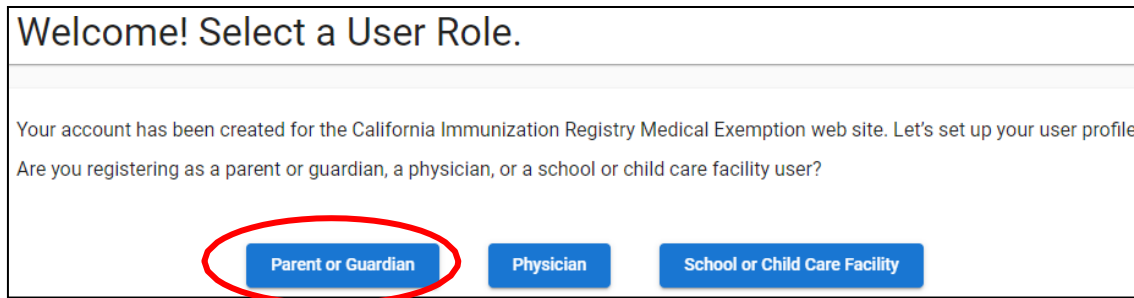
7. Enter the six-digit verification code from your email. Click the "Verify code" button.



8. Create a new password and confirm it by re-entering it. Passwords must be a minimum of 8 characters and contain at least 3 of the following: uppercase letter, lowercase letter, number, and symbol. Click the "Create" button.



9. On the “Select a User Role” page, click “Parent or Guardian.”

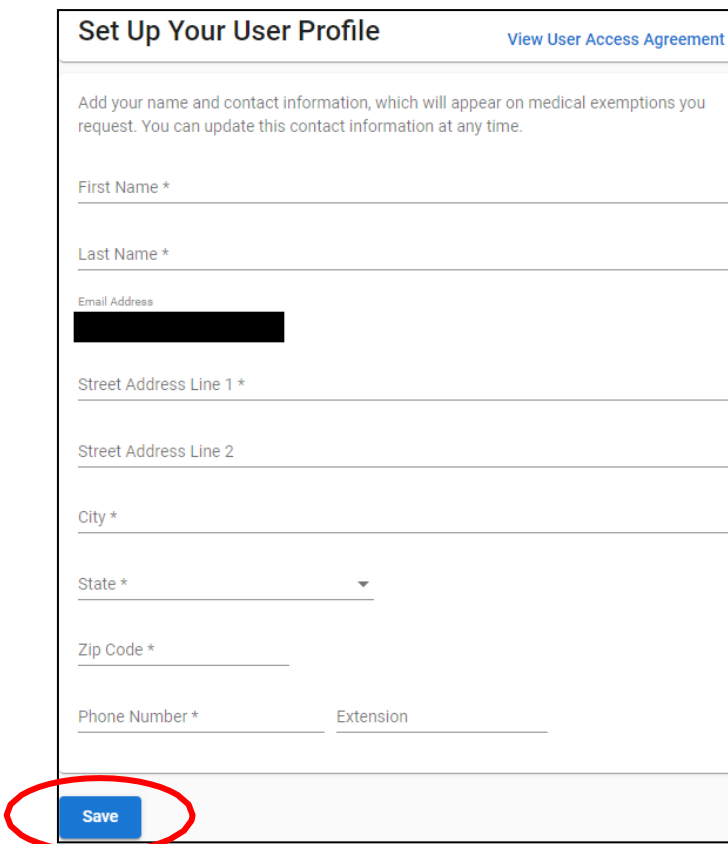


Welcome! Select a User Role.

Your account has been created for the California Immunization Registry Medical Exemption web site. Let's set up your user profile. Are you registering as a parent or guardian, a physician, or a school or child care facility user?

Parent or Guardian Physician School or Child Care Facility

10. On the “Set Up Your User Profile” page, add your contact information and click the “Save” button.



Set Up Your User Profile [View User Access Agreement](#)

Add your name and contact information, which will appear on medical exemptions you request. You can update this contact information at any time.

First Name \*

Last Name \*

Email Address

Street Address Line 1 \*

Street Address Line 2

City \*

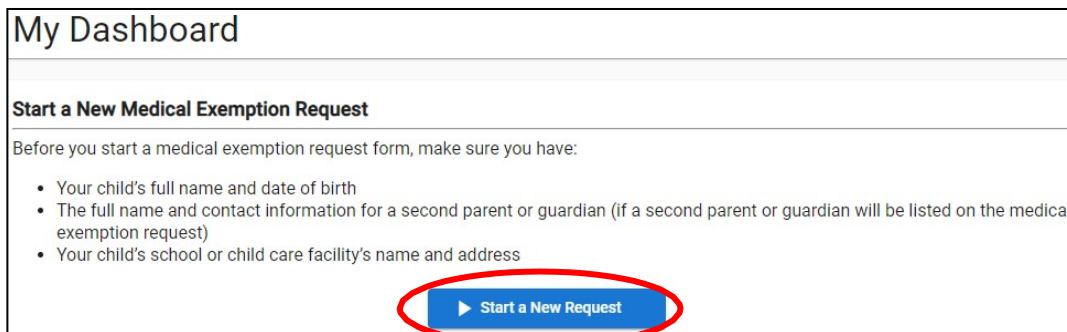
State \*

Zip Code \*

Phone Number \* Extension

Save

11. This will take you to your “Dashboard,” where you'll be able to start your child's medical exemption request by clicking the “Start a New Request” button.



My Dashboard

**Start a New Medical Exemption Request**

Before you start a medical exemption request form, make sure you have:

- Your child's full name and date of birth
- The full name and contact information for a second parent or guardian (if a second parent or guardian will be listed on the medical exemption request)
- Your child's school or child care facility's name and address

▶ Start a New Request

12. Fill out your child’s information. You can add contact information for another parent or guardian by clicking the “Add Another Parent or Guardian” button and filling out the fields.

**New Medical Exemption Request**

**Child Information**

Child's First Name \*

Child's Middle Name

Child's Last Name \*

Child's Date of Birth \*

Mother's First Name \*

**Parent/Guardian Information**

Ana Smith  
999 Baker Street  
Los Angeles, CA 99999  
(999) 555-4444

Add Another Parent or Guardian

13. Select the county from the drop-down list where your child will be attending school or child care.

**School/Child Care Facility Information**

Select your county first. Then, in the School or Child Care Facility text box, type the first letters of your child's school or facility. Select the school or facility from the drop-down list that appears. If your child's school or facility is not in the list, please contact the school or facility for its full name to look up.

County of School or Child Care Facility \*

Alameda

Alpine

Amador

Butte

Calaveras

Colusa

14. In the School/Child Care Facility text box, start typing the name of your child’s school or child care facility. Then select the school or child care facility from the drop-down list. If you cannot find your school or child care facility in the list, please contact the school or child care facility for help.

**School/Child Care Facility Information**

Select your county first. Then, in the School or Child Care Facility text box, type the first letters of your child's school or facility. Select the school or facility from the drop-down list that appears. If your child's school or facility is not in the list, please contact the school or facility for its full name to look up.

County of School or Child Care Facility \*

Los Angeles

School or Child Care Facility \*

Abraham Lincoln

Abraham Lincoln (School) - 15324 California Ave., Paramount

15. Select the grade span from the drop-down list that your child needs an exemption for (childcare/preschool, TK/K-6th grade, 7th-12th grade). Enter your child’s admission date.

Select the grade span that the child needs an exemption for. Permanent medical exemptions apply to one grade span and will expire at the end of the selected grade span. (Examples: if the child is entering 7th grade, select "7th-12th Grade." If the child is currently in 4th grade, select "TK-6th Grade.")

Grade Span\* ▼

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Enter the date the child will start (or started) at the school or facility selected above. An estimated date is acceptable.

School/Child Care Admission Date\* 📅

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16. Read the terms of agreement and check the boxes. Then click the “Submit” button.

**Terms of Agreement**

By checking the boxes below, you agree to all terms listed.

**Attestation**

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

**Authorization**

I hereby authorize the physician issuing the medical exemption to disclose medical records including evaluation, diagnosis, and treatment of my child to the Enforcement Programs of the Medical Board of California/Osteopathic Medical Board of California, for their official use.

- This authorization shall remain valid for eight years from the date of issuance and cannot be revoked before then.
- A copy of this authorization shall be valid as the original.
- I understand that I have a right to receive a copy of this authorization by printing this form or if otherwise requested by me.
- I understand that I have the right to decline this authorization, and that by doing so, a medical exemption will not be issued.

17. After submitting the request, the “Medical Exemption Request Confirmation” will appear on screen. You will also receive an email with the request number. Give this number to your child's doctor. The doctor will also need to know when your child is starting school or child care and what grade span your child is going into. The doctor can fill out the rest of the form, issue the medical exemption, and give you a printed copy of the 2-page form to take to your child's school/child care facility. You may want to make copies of the form for your records.

# Medical Exemption Request Confirmation

Done! Your Medical Exemption Request number is: **999999**

A confirmation will be sent to the email address(es) you provided on the request form.

**What you need to do next:**

Provide this medical exemption request number to your child's doctor. The doctor can complete the medical exemption and give you the medical exemption form to submit to your child's school or child care facility. This medical exemption request will be valid for 120 days.

**THIS CONFIRMATION PAGE IS NOT A VALID MEDICAL EXEMPTION.  
YOUR CHILD'S DOCTOR CAN ISSUE A MEDICAL EXEMPTION FOR YOUR CHILD.**

**Name:** Joe Smith  
**Date of Birth:** 01/01/2016  
**Mother's First Name:** Ana  
  
**Parent/Guardian:** Ana Smith  
999 Baker Street  
Los Angeles, CA 99999  
(999) 555-4444  
[REDACTED]  
**School/Child Care Facility:** Abraham Lincoln  
15324 California Ave.  
Paramount, CA 90723-4378  
(602) 1430