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| CSO-1575 (2-18) | ARIZONA DEPARTMENT OF CHILD SAFETY | R:\DCS_round_logo_K.jpg |
|  | **IMMUNIZATION EXCEPTION FOR LICENSE AMENDMENT** |
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| The purpose of the Immunization Exception for License Amendment form is to determine whether a specific immunized child under five (5) years of age is at a heightened health risk if placed in a foster home where other children living in the home are not fully immunized. | | | | | | | | |
| FOSTER PARENT’S NAME: | | | | | | QCID: | | |
| **CHILDREN CURRENTLY RESIDING IN THE HOME** | | | | | | | | |
| Name | Sex | Age | Current immunizations *(Immunization verification form can be substituted and attached)* | | | | | |
|  | M  F |  |  | | | | | |
|  | M  F |  |  | | | | | |
|  | M  F |  |  | | | | | |
| *\*If more space is needed, use page 2 of form* | | | | | | | | |
| **CHILD TO BE PLACED IN THE HOME** | | | | | | | | |
| Name | Sex | Age | Current immunizations *(Immunization verification form can be substituted and attached)* | | | | | |
|  | M  F |  |  | | | | | |
| Does the child to be placed have any special health needs that would make them more vulnerable than a typical child of their age? | | | | | | | | |
| Yes  No *If Yes, Explain below* | | | | | | | | |
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| Based on the information provided to me, it is my professional medical opinion the child to be placed **is not** at a heightened health risk if placed in this foster home with the children currently residing in the home. | | | | | | | | |
| PHYSICIAN’S NAME: *(Please Print)* | | | | PHONE NUMBER: | | | | LICENSE NUMBER: |
| ADDRESS: *(No., Street, City, State, ZIP)* | | | | | | | | |
| PHYSICIAN’S SIGNATURE: | | | | | | | DATE: | |
|  | | | | | | |  | |
| **PLEASE RETURN THIS FORM TO:** | | | | | | | | |
| AGENCY SPECIALIST’S NAME: | | | | | EMAIL ADDRESS: | | | |
| AGENCY NAME: | | | | | AGENCY PHONE: | | | |
| ADDRESS: (No., Street, City, State, ZIP) | | | | | | | | |

See reverse for EOE/ADA/GINA disclosure.

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| **CHILDREN CURRENTLY RESIDING IN THE HOME** | | | |
| Name | Sex | Age | Current immunizations *(Immunization verification form can be substituted and attached)* |
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|  | M  F |  |  |

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