



STATE OF ALASKA



MEDICAL EXEMPTION / IMMUNITY FORM

Alaska Immunization Regulations 7 AAC 57.550, 4 AAC 60.100 and 4 AAC 06.055 require that all children in Alaska public/private schools, and child care facilities be immunized, unless he/she is exempt.

During a vaccine-preventable disease outbreak in a school or child care facility, an exempted child may need to be excluded from routine school or child care until he/she is determined to no longer be at risk of developing the disease.

This form is required when a child has a medical contraindication or immunity and will not receive immunization(s). Complete the appropriate information below and return this form to the school, preschool, or child care facility.

Name of Child

Date of Birth

The following section must be completed by an Alaska-licensed Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Nurse Practitioner (ANP), or Physician Assistant (PA).

MEDICAL EXEMPTION

In my professional opinion, the following immunizations would be injurious to the health of the above named child or members of the child's family or household.

Check appropriate antigen(s)

- Checkboxes for Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella, Polio, Hepatitis A, Hepatitis B, Varicella, Hib

IMMUNITY

Check appropriate antigen(s)

- Checkboxes for Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella, Polio, Hepatitis A, Hepatitis B, Varicella, Hib

For Pertussis & Hib – History of disease does not infer immunity. Vaccination is recommended.

NAME [Please Print] of MD, DO, ANP or PA

Check one: MD DO ANP PA

SIGNATURE of MD, DO, ANP or PA

DATE

CLINIC NAME

PHONE NUMBER