STATE OF ALASKA

MEDICAL EXEMPTION / IMMUNITY FORM

ALASKA IMMUNIZATION PROGRAM

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

This form is required to be on file at school and/or child care when a child is not immunized due to a medical contraindication or immunity.

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) as applicable.

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.

Note: During a vaccine-preventable disease outbreak, 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.

Check appropriate antigen(s)

☐ **Diphtheria**	☐ **Tetanus**	☐ **Pertussis**
☐ **Measles**	☐ **Mumps**	☐ **Rubella**
☐ **Polio**	☐ **Hepatitis A**	☐ **Hepatitis B**
☐ **Varicella**	☐ **Hib**	

IMMUNITY

Check appropriate antigen(s)

☐ **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

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