



**STATE OF ALASKA**  
**MEDICAL EXEMPTION / IMMUNITY**  
**FORM**



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.

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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)

<input type="checkbox"/> <b>Diphtheria</b>	<input type="checkbox"/> <b>Tetanus</b>	<input type="checkbox"/> <b>Pertussis</b>
<input type="checkbox"/> <b>Measles</b>	<input type="checkbox"/> <b>Mumps</b>	<input type="checkbox"/> <b>Rubella</b>
<input type="checkbox"/> <b>Polio</b>	<input type="checkbox"/> <b>Hepatitis A</b>	<input type="checkbox"/> <b>Hepatitis B</b>
<input type="checkbox"/> <b>Varicella</b>	<input type="checkbox"/> <b>Hib</b>	

**IMMUNITY**

Check appropriate antigen(s)

<input type="checkbox"/> <b>Diphtheria</b>	<input type="checkbox"/> <b>Tetanus</b>	<input type="checkbox"/> <b>Pertussis</b>
<input type="checkbox"/> <b>Measles</b>	<input type="checkbox"/> <b>Mumps</b>	<input type="checkbox"/> <b>Rubella</b>
<input type="checkbox"/> <b>Polio</b>	<input type="checkbox"/> <b>Hepatitis A</b>	<input type="checkbox"/> <b>Hepatitis B</b>
<input type="checkbox"/> <b>Varicella</b>	<input type="checkbox"/> <b>Hib</b>	

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

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

Check one:  MD  DO  ANP  PA

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Signature of MD, DO, ANP or PA

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Date

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Clinic Name

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Phone Number