

**ALASKA IMMUNIZATION REQUIREMENTS
MEDICAL EXEMPTION FORM**

Alaska Immunization Regulations require that all children in Alaska public/private schools, certified preschools, and licensed child care facilities be immunized against *pertussis* (for children less than 7 years of age), *diphtheria*, *tetanus*, *polio*, *measles*, *mumps*, *rubella*, *hepatitis A*, *hepatitis B*, *varicella* (for children in child care facilities and preschools) and *Haemophilus influenzae type b* (for children less than 5 years of age in child care facilities or preschools), unless he/she is exempt for medical or religious reasons.

If a MEDICAL exemption is requested, complete the required information below and return this form to the school, preschool, or child care facility.

Name of Child *Birthdate*

Name of Facility *Address* *City* *Telephone*

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).

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)

- ALL vaccines
 DTP or DTaP DT or Td Pertussis Polio Measles Mumps
 Rubella Hepatitis A Hepatitis B Hib Varicella (*chickenpox*)

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

SIGNATURE of MD, DO, ANP or PA Date

NOTE: Exemption must be signed only by an Alaska-licensed MD, DO, ANP, or PA.

Appendix D