

**ALASKA IMMUNIZATION REQUIREMENTS
MEDICAL EXEMPTION & DISEASE HISTORY 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, certified preschools, and licensed child care facilities be immunized, unless he/she is exempt due to medical contraindications, disease history, 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

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 "all vaccines" or appropriate single antigen(s)

All vaccines

Diphtheria

Tetanus

Pertussis

Measles

Mumps

Rubella

Polio

Hepatitis A

Hepatitis B

Varicella

Hib

DISEASE HISTORY

Check appropriate antigen(s) – immunity due to history of disease

Diphtheria

Tetanus

Varicella

Measles

Mumps

Rubella

Polio

Hepatitis A

Hepatitis B

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

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

SIGNATURE of MD, DO, ANP or PA

Clinic Name

Check one: MD DO ANP PA

Date

Phone Number