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.

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

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SIGNATURE of MD, DO, ANP or PA

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Clinic Name

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Check one: ☐ MD ☐ DO ☐ ANP ☐ PA

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Date

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Phone Number

Revised 01/06/09