Alaska Immunization Regulations 4 AAC 06.055 and 7 AAC 57.550 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.

During a vaccine-preventable disease outbreak in a school or child care facility, an exempted child may be excluded from school or child care until he/she is determined to no longer be at risk of developing the disease.

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

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

Check one: [ ] MD [ ] DO [ ] ANP [ ] PA

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

SIGNATURE of MD, DO, ANP or PA

Date

Clinic Name

Phone Number