

IMMUNIZATION EXEMPTION FORM

Alaska Immunization Regulations 4 AAC 06.055 and 4 AAC 62.450 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, *H. influenzae* type b (child care only), and varicella (child care only),

unless he/she is exempt for medical or religious reasons.

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

Name of child

Name of Facility

Address

Birthdate

City

Telephone

I MEDICAL EXEMPTION I

In my opinion, the following immunizations would be injurious to the health of the above named child or his/ her family or household members and therefore are contraindicated.

Check appropriate antigen(s)

-DTP or DTaP -DT or Td -Pertussis c ---:0 -Rubella --Hepatitis A -.Hepatitis B

-Polio -Hib

Measles

-Varicella (chickenpox)

-Mumps

Duration of exemption:
(circle)

Temporary until

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

Date

Address

Permanent

Telephone

SIGNATURE of MD, DO, ANP or PA

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

Date

IRELIGIOUS EXEMPTIONI

I/We affirm that "immunization is against the tenets and practices of the church or religious denomination of which the above child is a member."
(04 AAC 06.055 for schools and 04 AAC 62.450 for child care facilities)

Signature of Parent or Guardian

Date

Telephone

NOTE: Personal or philosophical exemptions are not allowed under Alaska regulations.

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