



STATE OF ALASKA



MEDICAL EXEMPTION / IMMUNITY FORM

Alaska Immunization Regulations 7 AAC 57.550 and 4 AAC 06.055 require that all children in Alaska public/private schools and child care facilities be immunized unless he/she is exempted or immune.

This form is required to be on file at school and/or child care when a child is not immunized due to a medical contraindication or immunity.

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) as applicable.

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.

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

Check appropriate antigen(s)

- Checkboxes for Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella, Polio, Hepatitis A, Hepatitis B, Varicella, Hib

IMMUNITY

Check appropriate antigen(s)

- Checkboxes for Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella, Polio, Hepatitis A, Hepatitis B, Varicella, Hib

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

Name [Please Print] of MD, DO, ANP or PA _____

Check one: MD DO ANP PA

Signature of MD, DO, ANP or PA _____

Date _____

Clinic Name _____

Phone Number _____



State of Alaska Religious Exemption Form



Alaska Immunization Regulations 7 AAC 57.550 and 4 AAC 06.055 require that all children in Alaska public/private schools and child care facilities be immunized unless he/she is exempted or immune.

This form is required to be on file at the school, preschool, or child care facility if religious exemption is applicable. (Note: Personal or philosophical exemptions are not allowed per state law.) Notarization and annual renewal are required.

Name of Child

Birth date

I/We affirm that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant/parent/guardian is a member. I/We understand that if there is an outbreak of a vaccine-preventable disease that my child has not been fully immunized against, my child may be at risk for disease and may be excluded from routine school or child care until he/she is determined to no longer be at risk of developing the disease.

Signature of Parent(s) or Guardian(s)

Telephone

Date

(Form valid from July 1 through June 30)

State of _____

Judicial District _____ SS.

The Foregoing Instrument was acknowledged before me by

_____ on this _____ day of

_____, 20_____.

Witness my hand and seal.

Notary Public (Signature)

Notary's printed name

Notary's city

My commission expires _____