

**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