

Medical Exemption Statement

Physician: Please mark the true contraindications/precautions that apply to this patient, then sign and date the back of the form. The signed Medical Exemption Statement verifying true contraindications/precautions is submitted to and accepted by schools, child care programs and other agencies that require proof of immunization. This signed form does not require approval from the State Health Director. For medical exemptions for conditions not listed below, the physician must submit a Physician's Request for Medical Exemption in writing to the State Health Director for approval.

Attach a copy of the most current immunization record.

Name of Patient _____ DOB _____

Name of Parent/Guardian _____

Address (patient/parent) _____

School/Child Care _____

Medical contraindications for immunizations are determined by the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP), Public Health Services, U.S. Department of Health and Human Services, published in the Centers for Disease Control and Prevention publication, the Morbidity and Mortality Weekly Report.

A **contraindication** is a condition in a recipient that increases the risk for a serious adverse reaction. A vaccine will not be administered when a contraindication is present.

A **precaution** is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity. Under normal conditions, vaccinations should be deferred when a precaution is present.

True Contraindications and True Precautions

Vaccine	X	
General for all Vaccines	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Contraindications</p> <ul style="list-style-type: none"> ◆ Serious allergic reaction (i.e., anaphylaxis) after a previous vaccine dose: document vaccine _____ ◆ Serious allergic reaction (e.g., anaphylaxis) to a vaccine component: document component _____ ◆ Document type of reaction _____ <p>Precautions</p> <ul style="list-style-type: none"> ◆ Moderate or severe acute illness with or without fever
DTaP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Contraindications</p> <ul style="list-style-type: none"> ◆ Severe allergic reaction after a previous dose or to a vaccine component ◆ Encephalopathy within seven days after receipt of previous dose of DTP or DTaP ◆ Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy: defer DTaP until neurologic status clarified and stabilized <p>Precautions</p> <ul style="list-style-type: none"> ◆ Fever greater than 40.5°C (104.9°F) ≤48 hours after vaccination of previous dose of DTP or DTaP ◆ Hypotonic-hyporesponsive episode ≤48 hours after vaccination of previous dose of DTP or DTaP ◆ Seizure within 72 hours after vaccination of previous dose of DTP or DTaP ◆ Persistent, inconsolable crying lasting three hours or more ≤48 hours after receiving a previous dose of DTP or DTaP ◆ Moderate or severe acute illness with or without fever
DT, Td	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Contraindications</p> <ul style="list-style-type: none"> ◆ Severe allergic reaction after a previous dose or to a vaccine component <p>Precautions</p> <ul style="list-style-type: none"> ◆ Guillain-Barré syndrome ≤6 weeks after a previous dose of tetanus toxoid-containing vaccine ◆ Moderate or severe acute illness with or without fever

Vaccine	X	
EIPV	<input type="checkbox"/>	<p>Contraindications</p> <ul style="list-style-type: none"> ◆ Severe allergic reaction after a previous dose or to a vaccine component <p>Precautions</p> <ul style="list-style-type: none"> ◆ Pregnancy ◆ Moderate or severe acute illness with or without fever
Hepatitis B	<input type="checkbox"/>	<p>Contraindications</p> <ul style="list-style-type: none"> ◆ Severe allergic reaction after a previous dose or to a vaccine component <p>Precautions</p> <ul style="list-style-type: none"> ◆ Infant weighing <2,000 grams if mother is documented hepatitis B surface antigen (HbsAg)-negative at the time of the infant's birth ◆ Moderate or severe acute illness with or without fever
Hib	<input type="checkbox"/>	<p>Contraindications</p> <ul style="list-style-type: none"> ◆ Severe allergic reaction after a previous dose or to a vaccine component ◆ Age <6 weeks <p>Precaution</p> <ul style="list-style-type: none"> ◆ Moderate or severe acute illness with or without fever
MMR	<input type="checkbox"/>	<p>Contraindications</p> <ul style="list-style-type: none"> ◆ Severe allergic reaction after a previous dose or to a vaccine component ◆ Pregnancy ◆ Known severe immunodeficiency (e.g., hematologic and solid tumors or severely symptomatic human immunodeficiency virus [HIV] infection) <p>Precautions</p> <ul style="list-style-type: none"> ◆ Recent (≤ 11 months) receipt of antibody-containing blood product (specific interval depends on product) ◆ History of thrombocytopenia or thrombocytopenic purpura ◆ Moderate or severe acute illness with or without fever
Tdap	<input type="checkbox"/>	<p>Contraindications</p> <ul style="list-style-type: none"> ◆ Severe allergic reaction after a previous dose or to a vaccine component ◆ Severe allergy to latex ◆ Encephalopathy within seven days after receipt of a previous dose of DTP or DTaP <p>Precautions</p> <ul style="list-style-type: none"> ◆ Guillian-Barré syndrome ≤ 6 weeks after a previous dose of tetanus toxoid-containing vaccine ◆ Progressive neurologic disorder, including progressive encephalopathy, or uncontrolled epilepsy, until the condition has stabilized ◆ Arthus reaction following a previous dose of any vaccine containing tetanus toxoid or diphtheria ◆ Moderate or severe acute illness with or without fever ◆ Pregnancy
Varicella	<input type="checkbox"/>	<p>Contraindications</p> <ul style="list-style-type: none"> ◆ Severe allergic reaction after a previous dose or to a vaccine component ◆ Substantial suppression of cellular immunity ◆ Pregnancy <p>Precautions</p> <ul style="list-style-type: none"> ◆ Recent (≤ 11 months) receipt of antibody-containing blood product (specific interval depends on product) ◆ Moderate or severe acute illness with or without fever

Attach most current immunization record.

Date exemption ends _____

N.C. Physician's Name (please print)

Address _____

Phone _____

N.C. Physician's Signature/Date

Instructions

Purpose: To provide physicians with a mechanism to document true medical exemptions.

Preparation: 1. Complete patient information (name, DOB, address and school/child care).
2. Check applicable vaccine(s) and exemption(s).
3. Complete date exemption ends and physician information.
4. Attach a copy of the most current immunization record.
5. Retain copy for file.
6. **Return original to person requesting form .**

Reorder: Immunization Branch
1917 Mail Service Center
Raleigh, NC 27699-1917
Phone: 1-877-873-6247

For questions call (919) 707-5550