**MEDICAL EXEMPTION STATEMENT**

**Purpose:** To provide physicians, licensed to practice medicine in North Carolina, a mechanism to document a true medical contraindication/precaution to an immunization(s). This form does not need approval from the State Health Director. This form can be accepted by agencies that require proof of immunizations. For medical exemptions NOT listed in the table below, submit the Physician’s Request for Medical Exemption form (Form: DHHS 3995) to the State Health Director for approval, available at [http://www.immunize.nc.gov/schools/ncexemptions.htm](http://www.immunize.nc.gov/schools/ncexemptions.htm).

**Medical contraindications and precautions for immunizations are described in the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP), available at [http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm](http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm).**

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.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Check all true contraindications and precautions that apply to this patient below:</th>
</tr>
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</table>
| Diphtheria, tetanus, pertussis (DTaP) | **Contraindications**  
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.  
- For pertussis-containing vaccines: encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizure) not attributable to another identifiable cause within 7 days of administration of DTaP or DTP (for DTaP); or of previous dose of DTaP, DTP, or Tdap (for Tdap).  
- **Precautions**  
  - Moderate or severe acute illness with or without fever.  
  - Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine.  
  - History of arthus-type hypersensitivity reaction after a previous dose of a tetanus or diphtheria toxoid-containing vaccine; defer until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine.  
  - For pertussis-containing vaccines: progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized. | **Additional Precautions that only apply to DTaP**  
- Temperature of 105° F or higher (40.5° C or higher) within 48 hours after vaccination with a previous dose of DTP/DTaP.  
- Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP.  
- Seizure within 3 days after receiving a previous dose of DTP/DTaP.  
- Persistent, inconsolable crying lasting 3 or more hours within 48 hours after receiving a previous dose of DTP/DTaP. |
| Tetanus, diphtheria, pertussis (Tdap) | **Contraindications**  
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.  
- Known severe immunodeficiency (e.g., congenital immunodeficiency, malignancy, chemotherapy, long-term immunosuppressive therapy, or human immunodeficiency virus [HIV] infection with CD4+ T-lymphocyte count ≤ 15%).  
- **Precautions**  
  - Moderate or severe acute illness with or without fever.  
  - Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product).  
  - History of thrombocytopenia or thrombocytopenic purpura.  
  - Need for tuberculin skin testing (Measles vaccine might suppress tuberculin reactivity temporarily). |
| Tetanus, diphtheria (DT, Td) | **Contraindications**  
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.  
- Known severe immunodeficiency (e.g., congenital immunodeficiency, malignancy, chemotherapy, long-term immunosuppressive therapy, or human immunodeficiency virus [HIV] infection with CD4+ T-lymphocyte count ≤ 15%).  
- **Precautions**  
  - Moderate or severe acute illness with or without fever.  
  - Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product).  
  - History of thrombocytopenia or thrombocytopenic purpura.  
  - Need for tuberculin skin testing (Measles vaccine might suppress tuberculin reactivity temporarily). |

DHHS 3987 (Revised 6/15)  
Immunization (Review 6/17)
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| Varicella (Var)             | - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.  
                         | - Known severe immunodeficiency (e.g., congenital immunodeficiency, malignancy, chemotherapy, long-term immunosuppressive therapy, or human immunodeficiency virus (HIV) infection with CD4+ T-lymphocyte count ≤ 15%.  
                         | - Pregnancy.                                                                       |
| Inactivated Polio Virus (IPV) | - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.  
                         | - Moderate or severe acute illness with or without fever.  
                         | - Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product)  
                         | - Receipt of specific antivirals (e.g., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination. Avoid use of these antivirals for 14 days after vaccination. |
| Hepatitis B (Hep B)         | - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.  
                         | - Moderate or severe acute illness with or without fever.  
                         | - Pregnancy.                                                                       |
| Haemophilus Influenza type B (HIB) | - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component.  
                         | - Age younger than 6 weeks.                                                         |
| Pneumococcal (PCV13)        | - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including any diphtheria toxoid-containing vaccine.  
                         | - Moderate or severe acute illness with or without fever. |
| Meningococcal (MCV4)        | - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component  
                         | - Moderate or severe acute illness with or without fever. |

A physician (M.D. or D.O) licensed to practice medicine in North Carolina must complete and sign this form.

Date exemption ends: ________________________________

N.C. Physician’s Name (please print) __________________________________________________________ Phone ____________________________

Address ____________________________________________________________ ____________________________________________________________

N.C. Physician’s Signature __________________________________________ Date ____________________________

Instructions:

1. Complete and sign the form.
2. Attach a copy of the most current immunization record.
3. Retain a copy for the patient’s medical record.
4. Return the original to the person requesting this form.

For questions call (919) 707-5550

Additional copies of this form can be accessed at: [http://www.immunize.nc.gov/schools/ncexemptions.htm](http://www.immunize.nc.gov/schools/ncexemptions.htm)