North Carolina Department of Health and Human Services Women's and Children's Health Section • Immunization Branch

PHYSICIAN'S REQUEST FOR MEDICAL EXEMPTION

Purpose: To provide physicians, licensed to practice medicine in North Carolina, with a mechanism to request a medical exemption from the State Health Director that is not specified in the North Carolina Administrative Code (10 NCAC 41A. 0404) and not listed on the Medical Exemption Statement form (Form: DHHS 3987), available at http://www.immunize.nc.gov/schools/ncexemptions.htm

Name	of Patient			DO	R
Name of Parent/GuardianPrimary Phone ()					
Home Address (Patient/Parent)			County		
	of Child Care/School/College/Unive				
Ivairie	or crinic care/school/conege/ornive	1 31LY			
require to a per specifie	0A-156. Medical exemption. The Commission d by G.S. 130A-152. If a physician licensed to rson's health due to the presence of one of the dimmunization as long as the contraindication in this State, grant a medical exemption to	practice he contra ion persis	medicine in this State cert aindications listed by the C sts. The State Health Direct	ifies that a require ommission, the cor may, upon	uired immunization is or may be detrimental e person is not required to receive the request by a physician licensed to practice
Please	mark the vaccine(s) that the propos	sed me	dical exemption(s) ap	ply to:	
	DTaP		MMR	p.,	Hepatitis B
	Tdap		Varicella		Hib
	DT/Td		IPV		Meningococcal
	Pneumococcal Conjugate		Other (Specify)		
	ch vaccine marked above, please d		·	•	proposed length of time that would
	A <u>physician</u> (M.D. or D.O.) lice hysician's Name (please print) ss				mplete and sign this form. Phone
N.C. P	hysician's Signature				Date

INSTRUCTIONS

- 1. Complete and sign the form.
- 2. Provide documentation to support the request (clinic notes, labs, etc).
- 3. Attach a copy of the most current immunization record.
- 4. Retain a copy for the patient's file.
- 5. Provide a copy to the person requesting the medical exemption.
- 6. Send the completed form, supporting documentation and the current immunization record to:

State Health Director
Department of Health and Human Services
Immunization Branch
1917 Mail Service Center
Raleigh, NC 27699-1917

For questions call (919)707-5550.

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