

Agenda Item Number:

**ORANGE COUNTY BOARD OF HEALTH
AGENDA ITEM SUMMARY**

Meeting Date: October 28, 2015

Agenda Item Subject: School Immunization Rates

Attachment(s): CHCCS Letter
OCS Letter
Physician's Request for Medical Exemption
Medical Exemption Statement for Completion
NC Immunization Laws and Exemptions
Immunization Report by School (to be distributed later)

Staff or Board Member Reporting: Cathy York/Judy Butler

Purpose: Action
 Information only
 Information with possible action

Summary Information:

This report will provide information about immunization exemptions allowed by NC law and detail the numbers of religious and medical exemptions among school-aged students in Orange County Schools. Additional information includes:

- The laws detailing religious and medical exemptions
- Required medical exemption form(s)
- Copies of letters used for the parents of students with exemptions

Recommended Action: Approve
 Approve & forward to Board of Commissioners for action
 Approve & forward to _____
 Accept as information
 Revise & schedule for future action
 Other (detail):



Notice for Religious Exemption

Dear Parent/Guardian of:

Information about religious exemptions to immunizations can be found in North Carolina General Statute Chapter 130A-156:

“If the bona fide religious beliefs of an adult or the parent, guardian or person in loco parentis of a child are contrary to the immunization requirements contained in this Chapter, the adult or child shall be exempt from the requirements. Upon submission of a written statement of the bona fide religious beliefs and opposition to the immunization requirements, the person may attend the college, university, school or facility without presenting a certificate of immunization.”

Vaccinations decrease the spread of illness within the community. One of our main goals is to protect the health and safety of each child attending our schools. You have requested a religious exemption to immunizations for your child. We want to make sure that you are aware of the actions that may need to be taken if a vaccine-preventable disease (the diseases your child could be vaccinated against) is diagnosed in our school.

To protect the health of your child as well as everyone else in our school, children who have not received the vaccines required by North Carolina Immunization law (10 NCAC 41A.0401) need to comply with other measures to reduce the risk of disease being spread to other community members. Depending on the disease and the level of exposure, your child may

- need to take a preventative antibiotic and/or
- be excluded from school and confined to home for the period of time established as the incubation period for the last diagnosed case of a particular disease.

Please see the table on the back of this letter for expected actions that will need to be taken if your child is exposed to a vaccine-preventable disease.

Be assured that the well-being of the entire school is our primary goal. Control measures for those persons exposed to vaccine-preventable diseases will be based on accepted guidelines and in consultation with epidemiologists from the North Carolina Communicable Disease Branch and the US Centers for Disease Control, as needed. This letter has been developed in consultation with the Health Director of the Orange County Health Department.

School Principal

Date

Your signature on this statement indicates your understanding and receipt of the above information.

Parent

School Nurse

Usual control measures for contacts* to vaccine-preventable diseases in the school setting

If your child is exposed to	Need for preventative antibiotics	Exclusion from school	Other
Diphtheria	Yes	For 7 days from last possible exposure	May need testing for diphtheria
Tetanus	No	No	Tetanus is not transmitted from person-to-person
Pertussis (whooping cough)	Yes	For 21 days from last possible exposure; if asymptomatic, preventative antibiotic is taken, & no further exposure occurs, exclusion may not be necessary	Symptomatic children will need to be tested and receive negative results or take an appropriate antibiotic for 5 days before returning to school
Measles	No	For 21 days from last possible exposure	Immune globulin may be required
Mumps	No	For 26 days from last possible exposure	
Rubella (German measles)	No	For 21 days from last possible exposure	
Polio	No	Yes; period of time would be case-specific	
Haemophilus influenza (Hib)	Likely	Possibly for 24 hours after antibiotic initiated	
Varicella (chicken pox)	No	For 21 days from last possible exposure (doesn't apply to students born prior to 4/1/01)	Varicella Zoster Immune Globulin may be required
Hepatitis B	No	None	Hepatitis B Immune Globulin may be required depending on the exposure

*Note that the control measures may vary depending on the type of contact (i.e. close vs. casual) your child has to someone else with a vaccine-preventable disease.

NC Immunization Laws regarding Exemptions

§ 130A-156. **Medical exemption (General Statute)**

The Commission for Public Health shall adopt by rule medical contraindications to immunizations required by G.S. 130A-152. If a physician licensed to practice medicine in this State certifies that a required immunization is or may be detrimental to a person's health due to the presence of one of the contraindications adopted by the Commission, the person is not required to receive the specified immunization as long as the contraindication persists. The State Health Director may, upon request by a physician licensed to practice medicine in this State, grant a medical exemption to a required immunization for a contraindication not on the list adopted by the Commission. (1957, c. 1357, s. 1; 1959, c. 177; 1965, c. 652; 1971, c. 191; 1979, c. 56, s. 1; 1983, c. 891, s. 2; 1987, c. 782, s. 18; 1989, c. 122; 1999-110, s. 6; 2007-182, s. 2.)

10A NCAC 41A .0404 **MEDICAL EXEMPTIONS FROM IMMUNIZATION (Administrative Code)**

(a) Certification of a medical exemption by a physician pursuant to G.S. 130A-156 shall be in writing and shall state the basis of the exemption, the specific vaccine or vaccines the individual should not receive, and the length of time the exemption will apply for the individual.

(b) Medical contraindications for which medical exemptions may be certified by a physician for immunizations are included in the most recent General Recommendations of the Advisory Committee on Immunization Practices, 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, which is adopted by reference including subsequent amendments and additions. A copy is available for inspection in the Immunization Section at 1330 St. Mary's Street, Raleigh, North Carolina. Internet access is available by searching www.cdc.gov/nip.

History Note: Filed as a Temporary Amendment Eff. February 1, 1988, for a period of 180 days to expire on July 29, 1988;

Authority G.S. 130A 152(c); 130A 156;

Eff. July 1, 1979;

Amended Eff. August 1, 2000; January 4, 1993; February 1, 1990; March 1, 1988.

§ 130A-157. **Religious exemption (General Statute)**

If the bona fide religious beliefs of an adult or the parent, guardian or person in loco parentis of a child are contrary to the immunization requirements contained in this Chapter, the adult or the child shall be exempt from the requirements. Upon submission of a written statement of the bona fide religious beliefs and opposition to the immunization requirements, the person may attend the college, university, school or facility without presenting a certificate of immunization. (1957, c. 1357, s. 1; 1959, c. 177; 1965, c. 652; 1971, c. 191; 1979, c. 56, s. 1; 1983, c. 891, s. 2; 1985, c. 692, s. 2; 2002-179, s. 17.)

10A NCAC 41A .0403 **NON RELIGIOUS PERSONAL BELIEF NO EXEMPTION (Administrative Code)**

Except as provided in G.S. 130A 156 and G.S. 130A 157, and 10A NCAC 41A .0404 and .0405, no child shall be exempt from the requirements of 10A NCAC 41 .0401; there is no exception to these requirements for the case of a personal belief or philosophy of a parent or guardian not founded upon a religious belief.

History Note: Authority G.S. 130A 152(c);

Eff. February 1, 1976;

Readopted Eff. December 5, 1977;

Amended Eff. October 1, 1984; July 1, 1979.

N.C. Rules and Laws

Highlights of N.C. Rules and Laws*

Responsibility for Enforcement

School principals and child care operators are responsible for enforcing state immunization laws for school entry.

The school or child care facility must notify the parent(s), guardian or person in loco parentis that they have 30 calendar days from the first day of attendance to present the required up-to-date immunization record for the child. If the child's immunizations are not up to date, the required immunizations must be obtained within the same 30 day period.

At the end of the 30 calendar day period, any child without a Certificate of Immunization showing that the child has received the required vaccines shall be prohibited from attending school or child care until he/she provides a Certificate of Immunization as required by law or shows that he/she has begun the immunization process.

When Immunizations are "In Process"

Children who have begun a series of immunizations, but have not completed the series due to the need to meet minimum intervals between doses, are considered in process and may attend school.

School Records

The school is required to maintain immunization records which contain information required for a Certificate of Immunization for all children attending the school. The school should keep a separate listing of students having medical or religious exemptions. These children may be excluded from attending school in the event of an outbreak.

When a record of immunization cannot be provided, the student must be revaccinated at an age-appropriate, accelerated schedule to the minimum requirement by law.

G.S. 130-155(b) requires North Carolina schools, upon request, to send a copy of the child's immunization record at no charge to the student's new school. The former school shall forward a child's immunization record regardless of status of fees owed to the school.

Parent's Responsibility

A parent, guardian or responsible person must present a Certificate of Immunization on the child's first day of attendance to the child care facility. If a Certificate of Immunization is not presented on the first day, the child care operator must present a notice of deficiency to the parent, guardian or responsible person. The parent, guardian or responsible person has 30 calendar days from the first day of attendance to obtain the required immunizations. Additional days, upon certification by a physician, may be allowed to obtain the required immunizations if the approved intervals require a period in excess of 30 calendar days. Upon termination of 30 calendar days or the extended period, the child care operator shall not permit the child to attend the child care facility unless the required immunization has been obtained.

Child Care Operator's Responsibility

The child care facility maintains immunization records on file for all children attending the child care facility, which contains the information required for a Certificate of Immunization. When a child transfers to another child care facility, the facility where the child previously attended must, upon request and at no charge, send a copy of the child's immunization record to the child care facility or school to which the child has transferred. The child care operator must complete and submit the Annual Child Care Immunization Report to the N.C. Immunization Branch on December 1st of each year.

Child Care Records

The parent, guardian or responsible person is responsible for presenting and maintaining the Certificate of Immunization. If a child care operator is unable to get the required immunization information from the parent/guardian, that information can be obtained by the operator from the physician or local health department. This information is available to the child care operator, upon request and without a written consent form.

N.C. Exemptions

North Carolina law provides for two types of exemptions from required immunizations. They are medical and religious.

Medical Exemption

G.S.130A-156. Medical exemption.

The Commission for Health Services shall adopt by rule medical contraindications to immunizations required by G.S. 130A-152. If a **physician licensed to practice medicine in this State** certifies that a required immunization is or may be detrimental to a person's health due to the presence of one of the contraindications adopted by the Commission, the person is not required to receive the specified immunization as long as the contraindication persists. The State Health Director may, upon request by a physician licensed to practice medicine in this State, grant a medical exemption to a required immunization for a contraindication not on the list adopted by the Commission.

Medical exemptions can only be requested by a **physician licensed to practice medicine in North Carolina**. If a physician determines the need to request a medical exemption from a required immunization for a patient and needs assistance, they should contact the North Carolina Immunization Branch at (919) 707-5550.

Religious Exemption

G.S.130A-157. Religious exemption

If the bona fide religious beliefs of an adult or the parent, guardian or person in loco parentis of a child are contrary to the immunization requirements contained in this Part, the adult or the child shall be exempt from the requirements. Upon submission of a written statement of the bona fide religious beliefs and opposition to the immunization requirements, the person may attend the college, university, school or facility without presenting a certificate of immunization.

There is no form for requesting religious exemptions in North Carolina. To claim a religious exemption, the parent or person requesting the exemption must write a statement of their religious objection to immunization, including the name and date of birth of the person for whom the exemption is being requested. This statement would then be provided to schools, child care programs, camps, etc. in place of an immunization record. If a family is requesting a religious exemption for more than one child, a separate statement should be prepared for each child. Statements of religious objection to immunization do not need to be notarized, signed by a religious leader, or prepared by an attorney. They do not need to be submitted to the state for review or approval.

Personal Belief

10A NCAC 41A .0403 Non-Religious Personal Belief No Exemption:

Except as provided in G.S. 130A-156 and G.S. 130A-157, and 10A NCAC 41A .0404 and .0405, no child shall be exempt from the requirements of 10A NCAC 41 .0401; there is no exception to these requirements for the case of a personal belief or philosophy of a parent or guardian not founded upon a religious belief.

*Taken from the NC Immunization Program website

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/ncoxemptions.htm>

Name of Patient _____ DOB _____

Name of Parent/Guardian _____ Primary Phone () _____

Home Address (Patient/Parent) _____ County _____

Name of Child Care/School/College/University _____

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>

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.

Vaccine	Check all true contraindications and precautions that apply to this patient below:
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP) <input type="checkbox"/> Tetanus, diphtheria, pertussis (Tdap) <input type="checkbox"/> Tetanus, diphtheria (DT, Td)	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. <input type="checkbox"/> 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). <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moderate or severe acute illness with or without fever. <input type="checkbox"/> Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <p>Additional Precautions that only apply to DTaP</p> <ul style="list-style-type: none"> <input type="checkbox"/> Temperature of 105° F or higher (40.5° C or higher) within 48 hours after vaccination with a previous dose of DTP/DTaP. <input type="checkbox"/> Collapse or shock-like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP. <input type="checkbox"/> Seizure within 3 days after receiving a previous dose of DTP/DTaP. <input type="checkbox"/> Persistent, inconsolable crying lasting 3 or more hours within 48 hours after receiving a previous dose of DTP/DTaP.
<input type="checkbox"/> Measles, mumps, rubella (MMR)	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. <input type="checkbox"/> 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%). <input type="checkbox"/> Pregnancy. <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moderate or severe acute illness with or without fever. <input type="checkbox"/> Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product). <input type="checkbox"/> History of thrombocytopenia or thrombocytopenic purpura. <input type="checkbox"/> Need for tuberculin skin testing (Measles vaccine might suppress tuberculin reactivity temporarily)

<input type="checkbox"/> Varicella (Var)	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. <input type="checkbox"/> 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%. <input type="checkbox"/> Pregnancy. <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moderate or severe acute illness with or without fever <input type="checkbox"/> Recent (within 11 months) receipt of antibody-containing blood product (specific interval depends on product) <input type="checkbox"/> Receipt of specific antivirals (e.g., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination. Avoid use of these antivirals for 14 days after vaccination.
<input type="checkbox"/> Inactivated Polio Virus (IPV)	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moderate or severe acute illness with or without fever. <input type="checkbox"/> Pregnancy.
<input type="checkbox"/> Hepatitis B (Hep B)	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moderate or severe acute illness with or without fever. <input type="checkbox"/> Infant weighing less than 2000 grams (4 lbs, 6.4 oz) if mother is documented hepatitis B surface antigen (HbsAg) negative at the time of the infant's birth.
<input type="checkbox"/> Haemophilus Influenza type B (HIB)	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. <input type="checkbox"/> Age younger than 6 weeks. <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moderate or severe acute illness with or without fever.
<input type="checkbox"/> Pneumococcal (PCV13)	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including any diphtheria toxoid-containing vaccine. <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Moderate or severe acute illness with or without fever.
<input type="checkbox"/> Meningococcal (MCV4)	<p>Contraindications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <p>Precautions</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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>



SCHOOL HEALTH PROGRAM

Orange County Schools

200 East King Street
Hillsborough, NC 27278
(919) 732-8126

Date: _____

Dear Parent/Guardian of _____:

Information about religious exemptions to immunizations can be found in North Carolina General Statute Chapter 130A-156:

"If the bona fide religious beliefs of an adult or the parent, guardian or person in loco parentis of a child are contrary to the immunization requirements contained in this Chapter, the adult or child shall be exempt from the requirements. Upon submission of a written statement of bona fide religious beliefs and opposition to the immunization requirements, the person may attend the college, university, school or facility without presenting a certificate of immunization."

Vaccinations decrease the spread of illness within the community. One of our main goals is to protect the health and safety of each child attending our school. You have requested a religious exemption to immunizations for your child. We want to make sure that you are aware of the actions that may need to be taken if a vaccine-preventable disease (the diseases your child could be vaccinated against) is diagnosed in our school.

To protect the health of your child as well as everyone else in our school, children who have not received the vaccines required by North Carolina immunization law (10A NCAC 41A.0401) need to comply with other measures to reduce the risk of disease being spread to other community members. Depending on the disease and the level of exposure, your child may

- need to take a preventative antibiotic and/or
- be excluded from school and confined to home for the period of time established as the incubation period for the last diagnosed case of a particular disease.

Please see the table on the back of this letter for expected actions that will need to be taken if your child is exposed to a vaccine-preventable disease.

Be assured that the well-being of the entire school is our primary goal. Control measures for those persons exposed to vaccine-preventable diseases will be based on accepted guidelines and in consultation with epidemiologists from the North Carolina Communicable Disease Branch and US Centers for Disease Control, as needed. This letter has been developed in consultation with the Health Director of the Orange County Health Department.

School Principal

Your signature on this statement indicates your understanding and receipt of the above information.

Parent/Guardian

School Nurse



SCHOOL HEALTH PROGRAM

Orange County Schools

200 East King Street
Hillsborough, NC 27278
(919) 732-8126

Usual control measures for contacts* to vaccine-preventable diseases in the school setting

If your child is exposed to	Need for preventative antibiotics	Exclusion from school	Other
Diphtheria	Yes	For 7 days from last possible exposure	May need testing for diphtheria
Tetanus	No	No	Tetanus is not transmitted from person-to-person
Pertussis (whooping cough)	Yes	For 21 days from the last possible exposure; if asymptomatic, preventative antibiotic is taken, & no further exposure occurs, exclusion may not be necessary	Symptomatic children will need to be tested and receive negative results or take an appropriate antibiotic for 5 days before returning to school
Measles	No	For 21 days from last possible exposure	Immune globulin may be required
Mumps	No	For 26 days from last possible exposure	
Rubella (German measles)	No	For 21 days from last possible exposure	
Polio	No	Yes; period of time would be case-specific	
Haemophilus influenza (Hib)	Likely	Possibly for 24 hours after antibiotic initiated	
Varicella (chicken pox)	No	For 21 days from last possible exposure (does not apply to students born prior to 4-1-2001)	Varicella Zoster Immune Globulin may be required
Hepatitis B	No	None	Hepatitis B Immune Globulin may be required depending on the exposure

*Note that the control measures may vary depending on the type of contact (i.e. close vs. casual) your child has to someone else with a vaccine-preventable disease.

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 _____ DOB _____

Name of Parent/Guardian _____ Primary Phone () _____

Home Address (Patient/Parent) _____ County _____

Name of Child Care/School/College/University _____

G.S. 130A-156. Medical exemption. The Commission for Health Services shall adopt by rule a list of medical contraindications to immunizations required by G.S. 130A-152. If a physician licensed to practice medicine in this State certifies that a required immunization is or may be detrimental to a person's health due to the presence of one of the contraindications listed by the Commission, the person is not required to receive the specified immunization as long as the contraindication persists. The State Health Director may, upon request by a physician licensed to practice medicine in this State, grant a medical exemption to a required immunization for a contraindication not on the list adopted by the Commission.

Please mark the vaccine(s) that the proposed medical exemption(s) apply to:

- | | | |
|---|--|--|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> MMR | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Tdap | <input type="checkbox"/> Varicella | <input type="checkbox"/> Hib |
| <input type="checkbox"/> DT/Td | <input type="checkbox"/> IPV | <input type="checkbox"/> Meningococcal |
| <input type="checkbox"/> Pneumococcal Conjugate | <input type="checkbox"/> Other (Specify) _____ | |

For each vaccine marked above, please describe the contraindication(s) and the proposed length of time that would apply: _____

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

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

Address _____

N.C. Physician'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>