

## PHYSICIAN'S REQUEST FOR MEDICAL EXEMPTION

**Instructions:** Use this form to request an exemption for an immunization not specified in North Carolina Administrative Code (15 NCAC 19A. 0404) as a valid contraindication to immunizations. Also, attach a copy of the most current immunization record.

Name of Patient \_\_\_\_\_ DOB \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address (patient) \_\_\_\_\_

(parent) \_\_\_\_\_

School/Child Care \_\_\_\_\_

**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.

**Attach Most Current Immunization Record.**

\_\_\_\_\_  
N.C. Physician's Name (*Please print*)

\_\_\_\_\_  
N.C. Physician's Signature/Date

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Telephone Number \_\_\_\_\_

Send completed form to:

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

## *INSTRUCTIONS*

**Purpose:** To provide physicians with a mechanism to request a medical exemption from the State Health Director.

**Preparation:**

1. Complete the Request for Exemption (including physician name, signature and date, address and telephone number).
2. Retain copy for file.
3. Copy to person requesting exemption.
4. Attach most current immunization record.
5. Send request to:

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

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