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 _____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:

☐ DTaP	☐ MMR	☐ Hepatitis B
☐ Tdap	☐ Varicella	☐ Hib
☐ DT/Td	☐ IPV	☐ Meningococcal
☐ Pneumococcal Conjugate	☐ 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