## North Carolina Department of Health and Human Services Women's and Children's Health Section

## 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	
zations required by G.S. 130A-152. If a physician licensed to be detrimental to a person's health due to the presence of one receive the specified immunization as long as the contraindic	ealth Services shall adopt by rule a list of medical contraindications to immuni- practice medicine in this State certifies that a required immunization is or may of the contraindications listed by the Commission, the person is not required to cation persists. The State Health Director may, upon request by a physician li- inption to a required immunization for a contraindication not on the list adopted
Attach Most Cui	rrent Immunization Record.
N.C. Physician's Name (Please print)	Send completed form to:
N.C. Physician's Signature/Date	State Health Director Department of Health and Human Services Immunization Branch
Address	1917 Mail Service Center Raleigh, NC 27699-1917
Telephone Number	

## **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).

Retain copy for file.
 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