



IMMUNIZATION EXEMPTION

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

SFN 62180 (05-2022)

Statement of Exemption to Immunization Law

In the event of an outbreak of a vaccine-preventable disease, exempted persons may be subject to exclusion from school or childcare for the duration of the outbreak.

Name of Individual Claiming Exemption	Date of Birth
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Vaccines Being Exempted (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Diphtheria, Tetanus, Pertussis (DTaP) | <input type="checkbox"/> Polio |
| <input type="checkbox"/> <i>Haemophilus influenzae</i> type B (Hib) | <input type="checkbox"/> Pneumococcal Conjugate (PCV) |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Pneumococcal Polysaccharide (PPSV) |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rotavirus |
| <input type="checkbox"/> Human Papillomavirus (HPV) | <input type="checkbox"/> Tetanus-Diphtheria-Pertussis (Td/Tdap) |
| <input type="checkbox"/> Measles-Mumps-Rubella (MMR) | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Meningococcal ACYW-135 (MCV4) | <input type="checkbox"/> Zoster (shingles) |
| <input type="checkbox"/> Meningococcal B | <input type="checkbox"/> Seasonal Influenza |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Other (specify) _____ |

<input type="checkbox"/> Religious/Moral/Philosophical Exemption I adhere to a belief that opposes vaccinations.	
Printed Name	
Signature	Date
Relationship to Individual <input type="checkbox"/> Self <input type="checkbox"/> Parent/Guardian ¹	

<input type="checkbox"/> Medical Exemption The physical condition of the above-named person is such that immunization would endanger their life or health or is medically contraindicated due to other medical conditions.	
Physician Signature	Date

¹ A parent/guardian may only claim an exemption for a child under the age of 18 years. Once an individual turns 18 years, they must claim their own immunization exemption.

History of Disease Exemption²

- To the best of my knowledge, the above-named person has had prior infection as indicated by prior diagnosis or prior vaccination as indicated by laboratory confirmation.

Vaccines Being Exempted (check all that apply)³

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Varicella (chickenpox) | <input type="checkbox"/> Rubella |

Physician Signature

Date

² History of disease exemption can only be claimed for hepatitis A, hepatitis B, measles, mumps, rubella, and varicella (chickenpox).

³ Someone can only be considered exempt from MMR if they had or have laboratory evidence of immunity to measles, mumps, AND rubella. Immunity to only one or two of the three diseases does not exempt them from the MMR vaccine recommendation/requirement.