



PHYSICIAN'S REQUEST FOR MEDICAL EXEMPTION FORM DHHS 3995

Purpose: To provide Physicians with a mechanism to request a medical exemption to a required immunization(s), pursuant to [G.S. 130A-156](#), for a contraindication not adopted by the NC Commission for Public Health under 10A NCAC 41A .0404 and, therefore, not included on the NC Medical Exemption Statement Form DHHS 3987. Physicians shall state the specific vaccine(s) the individual should not receive, the basis of the request, and the length of time the requested exemption will apply for the individual.

INSTRUCTIONS:

1. **PHYSICIAN** - Complete and sign the form.
2. **PHYSICIAN** - Provide documentation necessary to support the request (Physicians Statement).
3. **STUDENT** - Upload Medical Exemption Form and Physician's Statement to the Medica Portal in MyEOL; under the forms tab "Medical Exemption".

Name of Patient:

DOB:

Name of Parent/Guardian (if under child under age 18):

Home Address (Patient/Parent):

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

Covid-19 MMR Hepatitis B Tdap Varicella

For each vaccine marked above, please describe the contraindication(s) and the proposed length of time that would apply (attach additional pages if necessary): [Click or tap here to enter text.](#)

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

Physician's Name (please print):

License Number:

Mailing Address:

Phone Number:

Date: