MEMORANDUM

TO: North Carolina Immunization Program (NCIP) Participants

FROM: Wendy Holmes, R.N., Head/Immunization Branch

DATE: August 3, 2020

SUBJECT: Revised Medical Exemption Statement and Physician’s Request for Medical Exemption Forms

The purpose of this memo is to notify NCIP providers of important revisions to the Medical Exemption Statement Form (DHHS-3987) and the Physician’s Request for Medical Exemption Form (DHHS-3995). Providers should begin using the revised forms effective August 3, 2020. Please discard of or recycle any previous editions of these forms and only use the updated versions with an “08/20” revision date.

The revised forms are included for your convenience and use. Additional copies may be downloaded from the Immunization Branch web site at: https://www.immunize.nc.gov/schools/ncexemptions.htm.

Providers who have questions about the forms should contact the Immunization Branch Nurse Call Line at 919-707-5575.

Thank you for all you do to protect the health of North Carolinians.

Attachments (2): Medical Exemption Statement Form (DHHS-3987); Physician’s Request for Medical Exemption Form (DHHS-3995)

cc: SMT IB Staff Vaccine Manufacturers Elizabeth Hudgins
    Jason Swartz Gregg Griggs Desiree Elekwa-Izuakor Terri Pennington
    Ann Nichols Frank Skwara Mark Benton