



STATE OF MICHIGAN
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 LANSING

RICK SNYDER
 GOVERNOR

NICK LYON
 DIRECTOR

Medical Contraindication Form

Michigan immunization law requires that a child enrolled in a school or childcare center be immunized against the diseases specified unless a valid exemption applies. A child is exempt from these requirements for any specific immunization for any period of time for which a physician certifies that a specific immunization is or may be detrimental to the child's health. Any child with a medical contraindication to a particular vaccination is considered susceptible to that vaccine-preventable disease, and is subject to exclusion from school or childcare center if an outbreak of the disease occurs in the school or center.

PLEASE PRINT:

NAME OF CHILD (Last, First, Middle Initial)	BIRTH DATE (Mo/Day/Yr)
Preschool Program Or Childcare Center or School Name:	

The following immunization(s) are medically contraindicated:

- | | |
|---|---|
| <input type="checkbox"/> DTaP, DT, Td, Tdap (<i>Diphtheria, Tetanus, Pertussis</i>) | <input type="checkbox"/> <i>Haemophilus influenzae</i> type b |
| <input type="checkbox"/> Polio | <input type="checkbox"/> <i>Pneumococcal Conjugate</i> |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> <i>Varicella (chickenpox)</i> |
| <input type="checkbox"/> MMR (<i>Measles, Mumps, Rubella</i>) | <input type="checkbox"/> <i>Meningococcal Conjugate</i> |

Reason for exemption _____

The exemption shall continue until (Mo/Day/Yr): _____

PRINT NAME & ADDRESS OF PHYSICIAN	TELEPHONE
PHYSICIAN'S SIGNATURE (REQUIRED)	DATE

School and Childcare Staff: File in the child's permanent record and send a copy to your local health department.

*Condition of acceptance is based on local health department policies.