

**McLaren Print System Order**

**Order No: 74392 Reprint Previous Order No: 5587**  
**Order Date: 2023-01-04**  
**User: Diana Garver**  
**Phone: 989-953-5313**

**Ship Location: McLaren Central-Medical Arts Building-Pediatrics**  
**1201 South Drive, Suite 341**  
**Mount Pleasant, MI 48858**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 50740**  
**Dept Name: McLaren Central - Pediatric Clinic**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-122**  
**Item Description: Immunization Waiver**  
**Revision Date: 2/2014**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

McLaren Ambulatory Care Center

**IMMUNIZATION WAIVER**

Vaccine-preventable diseases are still with us. In many cases, they cause disability or death. Immunizations are one of our most cost-effective measures to protect children from harmful disease. An individual who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. A child may be subject to exclusion from the school or program, if the local and/or state public health authority advises exclusion as a disease control measure.

I object to receiving the following vaccines: \_\_\_\_\_

- Diphtheria, Tetanus, acellular Pertussis (DTaP) vaccine
- Diphtheria, Tetanus, (DT or Td) vaccine
- Haemophilus influenzae type B (Hib) vaccine
- Hepatitis A vaccine
- Hepatitis B vaccine
- Influenza
- IPV (male/female)
- Measles, Mumps, Rubella (MMR) vaccine
- Meningococcal vaccine
- Pneumococcal vaccine
- Polio
- Tdap
- Varicella (chickenpox) vaccine
- Zoster
- Other \_\_\_\_\_

My provider has explained to me and I understand the following:  
- The purpose of the recommended vaccination  
- The risks and benefits of the recommended vaccination  
- A possible consequence of not allowing my child to receive the recommended vaccination is contracting the illness the vaccine is intended to prevent.  
- My Provider, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention (CDC) have all strongly recommended that the vaccine(s) be given.

The health care provider has answered all of my questions.

Name (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship (if other than Patient) \_\_\_\_\_

Witness \_\_\_\_\_

Patient Name
Date of Birth