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:

- ☐ *DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis)*
- ☐ *Polio*
- ☐ *Hepatitis B*
- ☐ *MMR (Measles, Mumps, Rubella)*
- ☐ *Haemophilus influenzae* type b
- ☐ *Pneumococcal Conjugate*
- ☐ *Varicella (chickenpox)*
- ☐ *Meningococcal Conjugate*

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.*

201 TOWNSEND STREET • LANSING, MICHIGAN 48913
www.michigan.gov/mdhhs • 517-373-3740