



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

## MEMORANDUM

DATE: July 31, 2007

TO: Superintendents of Local and Intermediate School Districts; School Building Principals of All Public, Private and Parochial Schools; and Public School Academy Directors

SUBJECT: Immunization Requirements for Children Entering Kindergarten, 6th Grade or a New School District in Grades 1 - 12 during the 2007 Calendar Year

Vaccine-preventable diseases are still seen in Michigan, and they may cause disability or death. Immunization is one of our most cost-effective measures to protect children from these diseases. A high proportion of children must be immunized to prevent outbreaks of disease in school settings and other places where children work and play closely together.

Since 1978, state law has required that each student entering kindergarten or a new school district in grades 1-12 have a certificate of immunization **at the time of registration or not later than the first day of school**. In addition, *Public Act 89 of 2000* mandates that an immunization assessment be done on each sixth grade student. These laws, which amend the *Revised School Code*, the *Public Health Code*, and the *State School Aid Act*, were passed so there would be a means of assuring children are adequately immunized against preventable diseases before they reach adolescence, when some of these diseases become a greater threat to their health.

Before a child can be permitted to enter or attend school, parents or guardians must present documentation that their child has received all required doses of vaccines, or that their child has received at least one dose of each of the required vaccines and is waiting to receive the subsequent doses at the appropriate time intervals.

There are three circumstances in which a required vaccine may be waived or delayed:

1. A valid medical contraindication exists to receiving the vaccine. A medical waiver must be completed and signed by the child's physician, stating the contraindication, the vaccines involved, and the time period during which the child should not receive the vaccines.
2. The parents or guardians hold religious or philosophical beliefs against receiving a vaccination. This waiver must be signed by the parent or guardian.



3. The child has received at least one dose of each immunizing agent; however, the next dose or doses are not yet due.

**A child who has not met the immunization requirements should not be admitted to school.** Pupils excluded from school due to an incomplete immunization schedule for school entry may be granted an excused absence by the Michigan Department of Education (MDE) if permitted by the local school district Board of Education policy. Pupils excused on the Pupil Membership Count Day may still be counted for state school aid if they physically return to school within 30 calendar days from the Pupil Membership Count Day.

IP-100 reports of new enterers' immunization records must be submitted by November 1, 2007, and February 1, 2008, as required by law. **The November 1 report should include all students who entered the school from January 1, 2007, through September 30, 2007. The February 1 report should include all students who entered the school from January 1, 2007, through December 31, 2007.**

Michigan Care Improvement Registry/Schools Immunization Reporting System (MCIR/SIRS) is a web-based computer application designed to process available childhood immunization records and to replace the handwritten IP-100 forms. This application allows you to access immunization records from the Michigan Care Improvement Registry (MCIR) and report on-line to the local health department. This system will save you time in reporting and should be used if you have access to the Internet. MCIR/SIRS assesses immunization records according to the most current immunization requirements for school enterers. **Please mail or fax copies of all waivers to your local health department.** A summary of the immunization requirements for school enterers, along with supporting information, are posted online at [www.mcir.org](http://www.mcir.org), under the School/Childcare link, to assist you with completion of the immunization report for your students. SIRS 7.3 is no longer supported for reporting or transfer of information. For technical assistance or to enroll as a MCIR/SIRS user, please contact the MCIR/SIRS Help Desk at 1-888-243-6652.

If you are continuing to use the handwritten IP-100 report form, the white and yellow copies should be sent to your local county health department. The **pink copy** of the IP-100 should be retained for your own records. As students with provisional status receive additional immunizations or new students enroll during the year, the school's copies of the IP-100 should be updated. Keeping your information up-to-date will be critical for you in the event of an outbreak of a vaccine-preventable disease or an audit by the local health department or Michigan Department of Community Health (MDCH). All necessary materials from [www.mcir.org](http://www.mcir.org) are included in this packet. **Please attach copies of all waivers to the IP-100 report to be sent to the local health department.**

Superintendents & Principals  
July 31, 2007  
Page 3

Schools are reminded that *Section 167* of the *State School Aid Act* (P.A. 94 of 1979) states that school districts will have 5% of their state school aid funds withheld if they are not in compliance with the provisions of that section. Specifically, by November 1, 2007, a school district must have at least 90% of its entering pupils with a completed, waived, or provisional immunization record to avoid the 5% withholding.

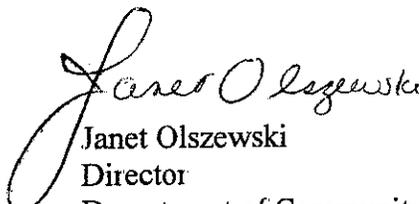
For the February 1, 2008, assessment, at least 95% of entering pupils must have a completed, waived, or provisional immunization record to avoid the 5% withholding. Submitting your school's immunization records before the November 1 and February 1 deadlines will enable your local health department to expedite the review and make any corrections of your data.

All new entrants are required to be vaccinated against varicella (chickenpox) or present documented immunity from a reliable source. This could include a parent's statement that his/her child had varicella disease in the past.

Please direct questions about immunization requirements or requests for additional copies of informational materials to your local health department. Staff at MDE are also available to discuss school immunization requirements and may be reached at 517-373-1122.

We appreciate your continued support and cooperation in ensuring that Michigan's school-aged children are properly immunized.

Sincerely,

  
Janet Olszewski  
Director  
Department of Community Health

  
Mike Flanagan  
Superintendent of Public Instruction  
Department of Education

Enclosures

cc: Local Health Departments

JO/jap

## Required Childhood Immunizations for Michigan School Settings

Entry Requirements for All Public & Non-Public Schools		
Age → Vaccine**↓	4 years through 6 years	7 years through 18 years
Diphtheria, Tetanus, Pertussis	4 doses DTP or DTaP, one dose must be ≥ 4 yrs	4 doses D and T <b>OR</b> 3 doses Td if #1 given ≥ 7 yrs of age. <b>Must</b> <b>have 1 dose within last 10 years</b>
Polio	4 doses, if dose 3 administered ≥ 4 years, only 3 doses required	3 doses
Measles,* Mumps,* Rubella*	2 doses ≥ 12 mo.	2 doses ≥ 12 mo.
Hepatitis B*	3 doses	3 doses
Varicella* (Chickenpox)	1 dose if given ≥ 12 months of age and prior to 13 <sup>th</sup> birthday <b>OR</b> 2 doses if initiated ≥ 13 <sup>th</sup> birthday <b>OR</b> current lab immunity <b>OR</b> reliable history of disease	

\* Current laboratory evidence of immunity is acceptable instead of immunization with antigen.

For more information, please refer to [www.michigan.gov/immunize](http://www.michigan.gov/immunize)

**\*\*All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.**

Michigan Department  
of Community Health



Jennifer M. Granholm, Governor  
Janet Obzewski, Director

# Required Immunizations for Michigan Childcare/Preschool Attendance

Childcare/Preschool Entry Requirements							
Age → Vaccine**↓	Birth through 1 month	2 months through 3 months	4 months through 5 months	6 months through 14 months	15 months through 23 months	24 months through 4 years	5 years
Diphtheria, Tetanus, Pertussis	None	1 dose DTaP	2 doses DTaP	3 doses DTaP	4 doses DTaP		
Pneumococcal Conjugate (Required After January 1, 2007)	None	1 dose	2 doses	3 doses	4 doses <b>OR</b> age appropriate complete series	1 dose ≥ 24 mo <b>OR</b> age appropriate complete series.	None
<i>H. influenzae</i> type b	None	1 dose	2 doses	2 doses	1 dose ≥ 15 mo. <b>OR</b> age appropriate complete series		
Polio	None	1 dose	2 doses	2 doses	3 doses		
Measles,* Mumps,* Rubella*	None	None	None	None	1 dose ≥ 12 mo.		
Hepatitis B*	None†	1 dose	2 doses	2 doses	3 doses		
Varicella* (Chickenpox)	None	None	None	None	<b>OR</b> current lab immunity <b>OR</b> reliable history of disease		

\* Current laboratory evidence is acceptable instead of immunization with that antigen.

† Hepatitis B may be administered as early as birth. This table represents the **minimum required** immunizations for childcare centers.

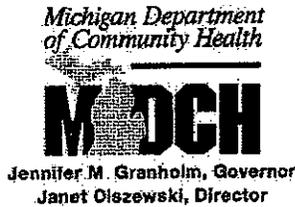
For more information, please refer to [www.michigan.gov/immunize](http://www.michigan.gov/immunize)

**\*\* All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.**

Michigan Department of Community Health



Jennifer M. Granholm, Governor  
Janet Olszawski, Director



May 26, 2006

**TO:** All Local and Intermediate School District Superintendents, Nonpublic School Directors, and Public School Academy Directors

**FROM:** Mike Flanagan, Superintendent of Public Instruction,  
Michigan Department of Education  
Janet Olszewski, Director,  
Michigan Department of Community Health



**SUBJECT:** Notification of Meningococcal Meningitis Disease and Vaccine

In November 2005, the Governor enacted legislation (2005 PA 240, MCL 380.1177a) related to Meningococcal Meningitis. The law requires the Michigan Department of Education, in cooperation with the Michigan Department of Community Health, to develop information for Michigan schools to notify families of children attending schools in grades 6, 9, and 12 about the risk and prevention of Meningococcal Meningitis. Local school notification shall include the following:

- Causes and symptoms
- How it is spread
- Sources to obtain information about this contagious disease
- Sources to obtain vaccinations to prevent the disease

The Michigan Department of Education is charged with supplying the information for local boards of school districts or board of directors of public school academies to notify families with 6<sup>th</sup>, 9<sup>th</sup>, and 12<sup>th</sup> grade students during the beginning of the 2006-2007 school year. The information has been compiled by both the Michigan Departments of Education and Community Health.

The Meningococcal Meningitis related documents are available at both departments' websites under "Meningococcal Meningitis". For an on-line version of the notification materials, go to [www.michigan.gov/mde](http://www.michigan.gov/mde). To view this legislation, click the following hyperlink:

[http://www.legislature.mi.gov/\(si:ull45kqnpb5jruwieapmr\)/documents/mcl/pdf/mcl-380-1177a.pdf](http://www.legislature.mi.gov/(si:ull45kqnpb5jruwieapmr)/documents/mcl/pdf/mcl-380-1177a.pdf).

If you have any questions about these documents or the law, please contact Leisa Gallagher, Grants Coordination and School Support, Coordinated School Health and Safety Programs, at (517) 241-2293 or by e-mail at [gallagherl@michigan.gov](mailto:gallagherl@michigan.gov).

## ***Protect your child from Meningococcal disease and other serious illnesses that can affect preteens***

Pre-teens and adolescents need vaccines to protect them from serious illnesses. Immunizations begin at birth and continue throughout life. These shots are an important step to maintain your child's health.

Meningococcal disease is a serious illness caused by bacteria which infects the blood or tissues around the brain and spinal cord.

- This germ can be spread from person to person by close contact
- Common symptoms include a fever, rash, headache, or stiff neck
- It can lead to brain damage, disability, and death

Meningococcal vaccine (MCV4) can protect children and adolescents from this disease.

- This vaccine is usually given to 11-12 year olds (6<sup>th</sup> graders)
- Because it is a newer vaccine, older adolescents may not have received it. Teens that have not had Meningococcal vaccine should be given a dose
- Ask your child's health care provider if he/she needs the Meningococcal vaccine
- To obtain the Meningococcal vaccine and other immunizations for your child, see your child's health care provider or your local health department
- For more information about the Meningococcal vaccine or other immunizations, talk to your child's health care provider or call your local health department. Information is also available at the Centers for Disease Control and Prevention (CDC) website: [www.cdc.gov/nip](http://www.cdc.gov/nip)

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**There are vaccines that can protect pre-teens and adolescents from other serious diseases. Sixth graders and teens need the following shots if they have not already received them:**

- 1 dose of meningococcal vaccine (MCV4)
- 1 dose of tetanus, diphtheria and pertussis vaccine (Tdap)
- 3 doses of human papillomavirus vaccine (HPV4 – for girls only)
- 3 doses of hepatitis B vaccine (hep B)
- 2 doses of measles mumps and rubella vaccine (MMR)
- 2 doses of chickenpox vaccine (var), if they did not have the disease
- At least 3 doses of polio vaccine (IPV or OPV)
- Some children & teens may need hepatitis A and flu vaccine

The Michigan Department of Education, in cooperation with the Michigan Department of Community Health, is required by law (2005 PA 240, MCL 380 1177a) to develop and make available to schools information on Meningococcal Meningitis.

# MCIR/SIRS

Toll-free MCIR/SIRS helpdesk number is ..... 1-888-243-6652

## MCIR.org

The following materials can be found on [www.MCIR.org](http://www.MCIR.org)

### Childcare packet:

- MCIR/SIRS Information Sheet
- Child Care Cover Letter
- Pneumococcal Conjugate Information
- Required Immunization Chart for Childcare
- Varicella Reporting information
- Communicable Disease reporting form
- Waiver forms
- Medical Contraindication form
- Vaccine terminology

### School packet:

- MCIR/SIRS Information Sheet
- School Cover Letter
- Meningitis Information
- Vision Screening Information
- School Pandemic Flu Plan Flyer
- Required Immunization Chart for Schools
- Varicella Reporting information
- Communicable Disease reporting form
- Waiver forms
- Medical Contraindication form
- Vaccine terminology

## Timeline for Reporting on MCIR/SIRS

**January – December:** Build your roster, making sure that appropriate reporting period and grade is marked for each student. Use current grade, or roundup for kindergarten – all students will be advanced automatically in August.

**October 1<sup>st</sup>:** Childcare submits report on all children up to school age, by going into IP Status and clicking on the “close report” button. (The button will not be highlighted and you will not be able to close the period if you are not at 90% compliancy )

**November 1<sup>st</sup>:** School submits report by going into IP Status and clicking on the close report button (The button will not be highlighted and you will not be able to close the period if you are not at 90% compliancy.) Submit vision report for all kindergarten students.

**February 1<sup>st</sup>:** School submits report by going into IP Status and clicking on the “close report” button. (The button will not be highlighted and you will not be able to close the period if you are not at 95% compliancy )

Contact your local health department or the helpdesk if you have any questions about reporting.



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

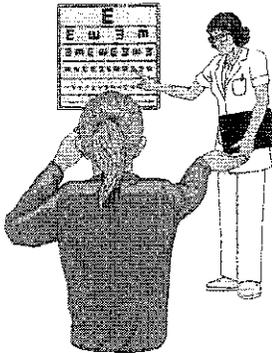
JANET OLSZEWSKI  
DIRECTOR

**MEMORANDUM**

**DATE:** July 15, 2007

**TO:** Superintendents and Elementary School Principals of all Public, Private, and Parochial Schools

**SUBJECT: VISION SCREENING REPORTING FOR KINDERGARTEN**



Since October 11, 1996, Michigan House Bill 5094 has required that children entering kindergarten present a statement to school officials confirming that they have received the Michigan Department of Community Health vision screen.

The law further requires that school officials report vision screening for all kindergarten or developmental kindergarten new entrants to the local health department by November 1 of each year. This report should be submitted with the November immunization report.

Vision reporting is done using the MCIR/SIRS system. Vision screening information is recorded on the immunization data entry screen. A separate report will need to be generated from the report menu.

The primary purpose of this vision-screening requirement is to ensure early identification and prevention of visual problems in young children, especially amblyopia (or "lazy eye"), which can lead to permanent vision loss.

If you have any further questions regarding this requirement, please contact the Hearing and Vision Coordinator at your local health department or Dr. Rachel Schumann, Vision Program Consultant for the Michigan Department of Community Health, at (517) 335-6596.

Please share this information with the person responsible for immunization reporting. Your care, cooperation, and support are appreciated.



# Plans are nothing. Planning is everything.

## Coming Soon: MI Schools Pandemic Planning Workbook & Online Toolkit for Educators

This easy-to-use workbook will eliminate time and energy spent to complete your school's pandemic influenza plan, by utilizing existing materials. The workbook includes:

- Templates: sample school pandemic plan, letters to be sent home to parents, educational presentations for the community
- Pandemic planning checklists
- Educational flyers & posters for infection control & seasonal flu
- Online toolkit with lesson plans for K-12

Please utilize these materials to familiarize yourself with pandemic flu terms & phases used by the Centers for Disease Control & Prevention & the Michigan Department of Community Health.

Be on the lookout for this online workbook sometime in the late summer/early fall. A website link will be sent to your school's superintendent through the Michigan Department of Education.

***Preparedness activities can be practiced this fall as part of your seasonal flu efforts!***





STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

**Important News  
for Schools**

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

## MEMORANDUM

DATE: July 15, 2007

TO: Superintendents of Local & Intermediate School Districts and School Building Principals of All Public, Private, & Parochial Schools, and Public School Academy Directors

SUBJECT: Reporting of Chickenpox (Varicella) Disease

We would like to take this opportunity to remind you of a change in the reporting of chickenpox cases to local health departments. Starting with the 2005 year, we asked that reports of chickenpox cases include specific demographic information, including the suspected case's name, age, sex, address and phone. Previously, chickenpox cases were reported by weekly numerical counts of cases for each of certain age groups.

A revised version of the form for disease reporting is attached. Childcare directors should have a supply of these forms for weekly disease reporting. Your local health department may have its own version of this form or an electronic equivalent for reporting through electronic media (such as internet/web-based reporting). Please be sure to check with your local health department to make sure you are using their preferred form or system.

Also attached is information in question-and-answer format that may be helpful to program personnel in understanding the change.

Great progress has been made in the prevention and control of chickenpox since the licensure and routine use of the varicella vaccine over ten years ago. The data from disease reports will help public health authorities understand the changing patterns of the disease and help in the development of additional strategies or policies for further progress in preventing the disease and its health care burden.

cc: Local Health Departments

Attachments



# A Reminder about Chickenpox (Varicella) Reporting in Michigan...

## *...Information for Schools and Childcare Programs*

### **What's important to know about chickenpox disease reporting?**

Disease reports of chickenpox cases from school, preschool, day care, Head Start, nursery and pre-primary impaired (PPI) programs to local Michigan health departments **should be reported in section 2, not section 3**, of the "Michigan School Building Weekly Report of Communicable Disease to Local Health Department" (DCH-0453) form. This change was made starting in the 2005-2006 school year.

Note that this means chickenpox case reports should include the case name, address, age and date of birth. This will be similar to the way these programs report cases of most other types of diseases to the health department.

### **How is this different from before?**

Previously, cases were reported to the local health department in the form of a simple weekly case count for each of several age groupings. No names, ages, or other pieces of information were requested.

### **Why the change?**

About 10 years ago, a vaccine to protect against chickenpox (also known as varicella) was licensed and added to the routine immunizations given to children. As a result, chickenpox levels have greatly declined, as have hospitalizations and deaths due to chickenpox.

We now need to have more specific information in order to learn more and understand better how the pattern of the disease has changed, and how we can make further progress in preventing and controlling the cases that still occur.

### **How should schools, childcare programs, and group care programs report chickenpox cases to the local health department?**

As in the past, reports of diseases, including chickenpox, should be made using the DCH-0453 form, or an equivalent form or system (e.g. web-based) used by the local health department. Again, the change for chickenpox is that it should be reported in section 2, not section 3. This change started with the 2005-06 school year.

**PLEASE NOTE:** Schools, childcare programs, and group care programs are advised to check with their local health departments to be sure they are using the appropriate reporting form or system for their jurisdiction.





STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

### IMMUNIZATION WAIVER FORM

#### INSTRUCTIONS TO PARENTS OR GUARDIANS:

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 diseases. A high proportion of children must be immunized to prevent outbreaks of disease in school settings and other places where children work and play closely together.

Sections 9208 and 9211 of the Michigan Public Health Code require that a parent, guardian, or person in *loco parentis* applying to have a child registered for the first time in a Michigan school or in a program of group residence, care, or camping in this state shall present to officials at the time of registration or not later than the first day of school or program enrollment, a certificate of immunization verifying that the child has been vaccinated against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, and varicella (chickenpox). Vaccination for *Haemophilus influenzae* type b and pneumococcal conjugate is also required for preschool-aged children.

A parent or guardian wishing to exempt his or her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. The 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.

**By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should he or she contract a disease that could have been prevented through proper vaccination.**

#### ALL INFORMATION MUST BE FILLED IN BELOW.

I object to having my child, \_\_\_\_\_, born \_\_\_\_\_, immunized against the diseases I have checked below: (First & Last Name) (Birth Date)

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

Reason: \_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Child's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
*If different from parent/guardian*

Parent or Guardian's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Preschool Program or Licensed Day Care Center OR School Name(Required)

**File in the child's permanent record and attach a copy to the IP-100 or IP-101 report that is sent to the local health department.**



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
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JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

FORMULARIO PARA EXONERACIÓN DE INMUNIZACIÓN

Instrucciones para los Padres o Apoderados:

Enfermedades que se pueden prevenir con vacunas estan todavía entre nosotros. En muchos ellas causan impedimentos físicos o muerte. Las vacunas estan entre las formas más efectivas para proteger a los niños de enfermedades dañinas. La mayoría de los niños tienen que ser vacunados para prevenir brotes de enfermedad en las escuelas, o en los lugares en donde los niños trabajan y juegan juntos.

Las secciones 9208 y 9211 de la Clave de la Salud Publica de Michigan requieren que los padres, guardianes, o las personas encargadas de registrar a los niños para la primera vez en una escuela en Michigan, o en programa de "day care," o campamento en este estado tienen que presentar al tiempo de la registraci3n o no más tarde que el primer día de clases o de atención al programa en que se registra, un certificado de vacunaciones confirmando que el niño ha sido ya vacunado contra la difteria, el tétano, la tosferina, el sarampi3n, las paperas, la rubeola, poliomielitis, la hepatitis B y Varicela (Chickenpox). Vacunaci3n para "Haemophilus influenzae" tipo "b" y Neumococica Conjugada son tambien requerido para los niños de edad pre-escolar.

Un padre o guardian que desee exonerar a su niño (niña) de una vacunaci3n en particular tiene que proveer una declaraci3n escrita indicando sus objeciones religiosas o filosóficas para la vacunaci3n. Un niño que ha sido exonerado de una vacuna es considerado susceptible para la enfermedad o enfermedades para las que las vacuna ofrecía protecci3n. Est niño sera excluido de la escuela o programma al que atiende si se presentara un brote de enfermedad prevenible por vacunaci3n para la cual el o ella sea susceptible ocurre, si la autoridad de salud publica del estado y/o local da noticia de exclusion como medida de control de enfermedad.

Al Firmar esta Exoneraci3n, Usted reconoce que esta poniendo a su niño(a) y o muchos otros en riesgo de sufrir serias enfermedades si es que el o ella se contágian de la enfermedad que pudo ser prevenida con vacunaci3n apropiada.

Yo no deseo que mi hijo(a) \_\_\_\_\_ nacido el \_\_\_\_\_ sea inmunizado(a) para las enfermedades que yo marco a continuaci3n: (Primer nombre y apellido) (Fecha de nacimiento)

SE TIENE QUE LLENAR TODA LA INFORMACION SOLICITADA

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Difteria              | <input type="checkbox"/> Sarampi3n     | <input type="checkbox"/> Hepatitis B                 |
| <input type="checkbox"/> Tétano                | <input type="checkbox"/> Paperas       | <input type="checkbox"/> Haemophilus influenzae tipo |
| <input type="checkbox"/> Tosferina             | <input type="checkbox"/> Rubeola       | <input type="checkbox"/> Neumococo Conjugado         |
| <input type="checkbox"/> Varicela (chickenpox) | <input type="checkbox"/> Poliomielitis |  |

Por la siguiente ras3n: \_\_\_\_\_

Nombre del padre o apoderado(a): \_\_\_\_\_

Direcci3n: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Direcci3n del niño(a): \_\_\_\_\_ Teléfono: \_\_\_\_\_  
Si es que es diferente de los padres o apoderados

Firma del padre o apoderado

Fecha en que firma

Nombre del distrito escolar, de la escuela, del centro de cuidado infantil, or del programa pre-escolar. (Requerido)

Archivar en el record permanente del niño. Y adjuntar una copia a las formas IP-100 o IP-101 que son enviadas al Departamento de Salud Local. DCH-0716S



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**Medical Contraindication Form**

Michigan immunization law requires that a child enrolled in a school or child care 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 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 Child Care Center or School Name:	

The following immunization(s) are medically contraindicated:

Reason for exemption \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

**File in the child's permanent record and attach a copy to the IP-100/101 form.**



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DEPARTMENT OF COMMUNITY HEALTH  
LANSING

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**Formulario Para Exoneración Por Contraindicación Médica**

Las leyes de vacunación en Michigan requieren que todo niño registrado en una escuela o centro de cuidado infantil sea vacunado contra las enfermedades especificadas, a no ser que aplique al caso una excepción válida. Un niño esta exonerado de los requerimientos para vacunaciones especificas por el periodo de tiempo por el cual el médico certifica que tal inmunización especificada es, o podria ser, dañina para la salud del niño. Un niño que tiene una contraindicación médica para una vacuna especificada, es considerado(a) susceptible para esa enfermedad que pudo ser prevenida para vacunación, y podria ser excluido de la escuela o programa en caso de ocurrir un brote de esta enfermedad en la escuela o programa.

**Por Favor, escriba con letra de imprenta:**

NOMBRE DEL NIÑO(A) (Apellido, nombre, inicial del segundo nombre)	FECHA DE NACIMIENTO (Mes/Día/Año)
Nombre del programa pre-escolar o centro de cuidado ninos o distrito escolar:	

Las siguientes vacunas son medicamente contraindicadas:

\_\_\_\_\_

Rasones para la exoneración: \_\_\_\_\_

\_\_\_\_\_

Esta exoneración deberá continuar hasta (Mes/Día/Año): \_\_\_\_\_

ESCRIBA EN IMPRENTA EL NOMBRE Y DIRECCIÓN DEL MÉDICO	TELÉFONO  ( )
FIRMA DEL MÉDICO	FECHA DE FIRMA

**Poner en el archivo permanente del niño, y adjuntar una copia a las formas IP-100 o IP-101.**

# Vaccine Terminology

## VACCINE ABBREVIATIONS AND/OR COMMON NAMES

\*Product no longer distributed in US

## SYNONYMS OR BRAND NAMES

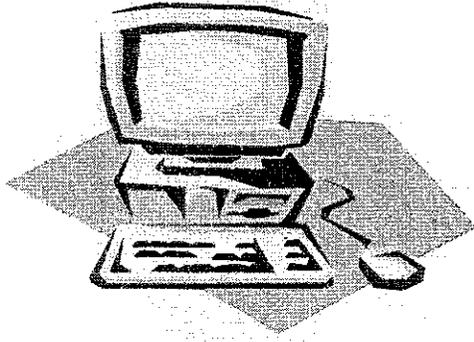
VARICELLA:	Chickenpox .....	Varivax	
DTP:	Diphtheria .....	Tri-Immunol*	
	Tetanus (lockjaw) .....	DTwP*	
	Pertussis (whooping cough) .....		
DTaP:	Diphtheria & Tetanus Toxoid & acellular Pertussis .....	Tripedia	
		Acel-Imune	
		Infanrix	
		Certiva*	
		Daptacel	
DT:	Diphtheria-Tetanus .....	DT Pediatric	
DTP/HIB:	DTP/ <i>Haemophilus influenzae</i> type b .....	Tetramune*	
		DTP/ActHIB*	
DIP/HIB/HEP B:	DIP/ <i>Haemophilus influenzae</i> type b/Hepatitis B (Spanish) .....	Pente Valente	
DTaP/HIB:	DTaP/ <i>Haemophilus influenzae</i> type b .....	TriHIBit	
DTaP/ HEP B/ Polio	DTaP/Hepatitis B/Polio Combination .....	Pediarix	
Td:	Tetanus-diphtheria .....	Td (Adolescent/Adult)	
		Decavac	
Tdap:	Tetanus-diphtheria acellular pertussis .....	Adacel	
		Boostrix	
HEP A:	Hepatitis A .....	Havrix	
		Vaqta	
		HAV	
HEP B:	Hepatitis B .....	HB Vaccine	
		Recombivax HB	
		Engerix B	
		HBV	
HEP A/HEP B:	Hepatitis A/Hepatitis B .....	Twinrix	
HIB:	<i>Haemophilus influenzae</i> type b .....	ProHIBit*	(PRP-D)
		Pedvax-HIB	(PRP-OMP)
		HibTITER	(HbOC)
		OmniHIB*	(PRP-I)
		ActHIB	(PRP-I)
HIB/HEP B:	<i>Haemophilus influenzae</i> type b/Hepatitis B .....	Comvax	
HPV4:	Human Papilloma Virus Vaccine .....	Guardasil	

Continued on other side

**VACCINE ABBREVIATIONS AND/OR COMMON NAMES**

**SYNONYMS OR BRAND NAMES**

MMR:	Measles/Mumps/Rubella Combination.....	MMR MMRII
	Measles (Rubeola).....	Attenuvax*
	Mumps.....	MumpsVax*
	Rubella (German Measles).....	Meruvax* Meruvax II
	Measles/Rubella Combination.....	M-R-VAX II
	Mumps/Rubella Combination.....	Biavax II*
MMRV:	Measles/Mumps/Rubella Varicella Combination.....	ProQuad
OPV:	Oral Polio Vaccine.....	Sabin TOPV Trivalent Oral Polio Orimune*
IPV:	Inactivated Polio Vaccine.....	Salk Inactivated IPOL IPV eIPV Poliovax
RV:	Rotavirus.....	Rotashield*
PRV:	Pentavalent Rotavirus.....	RotaTeq
PPV23:	Pneumococcal Polysaccharide (pneumonia).....	PNU-Imune 23* Pneumovax23
PCV or PCV7:	Pneumococcal Conjugate.....	Prevnar
TIV:	Influenza.....	Fluzone Fluogen* FluShield* Fluvirin
LAIV:	Influenza.....	FluMist
MCV4:	Meningococcal Conjugate.....	Menactra
MPSV4:	Meningococcal Polysaccharide.....	Menomune



# MCIR/SIRS

MCIR/SIRS is a web-based computer application designed for school and childcare program staff. It is an alternative method to the paper system of transcribing, saving, reporting, and assessing immunization records.

The *Michigan Public Health Code* mandates that all school/group programs report the immunization status of newly enrolled students and all 6th grade students. The *Michigan Public Health Code* also mandates that childcare programs report the immunization status of all children attending their sites (except for school-aged children). This process has been labor intensive in the past. The MCIR/SIRS application will display vaccine dose dates that were administered at private and public provider clinics. According to the Michigan Public Health Code, all immunization providers **must** report all vaccines administered at their clinics to the MCIR.

The MCIR/SIRS application is designed for school and childcare program staff to save work and time while simultaneously improving immunization levels. It is completely menu-driven and "user friendly." The program was developed with four goals in mind:

1. Provide easier immunization reporting by schools/childcare programs as a result of the need for less entry of shot dates and online submission of summary data.
2. Produce more accurate immunization reports.
3. Produce individual letters to parents.
4. Provide an automated assessment of immunization records.

As the program is used, the operator should find it useful for other reports and office tasks. The data files include fields for addresses, phone numbers, birth certificates, and vision screening for kindergarten. Through the *Import|Export* option, MCIR/SIRS can be used as a tool to supplement existing data processing systems or as a building block in a new system.

Access to the MCIR is permitted for the sole purpose of providing information and documentation needed for immunization purposes. Users of the system must refrain from accessing MCIR with another person's user ID and password. A user may not access MCIR for any use other than what is required for immunization reporting. Improper use of the MCIR will result in revocation of the user's access privileges. The Michigan Department of Community Health reserves the right to revoke a user's access privileges at any time, without notice.

MCIR/SIRS site administrators are expected to maintain the list of eligible users for their site, removing users who no longer need access and assisting with obtaining user names/passwords for new users.

For more information, please contact the Michigan Department of Community Health, Division of Immunization, at 517/335-8159 or e-mail [bakerjo@michigan.gov](mailto:bakerjo@michigan.gov) or [jonesj11@michigan.gov](mailto:jonesj11@michigan.gov)