



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

2020 IMMUNIZATION WAIVER FORM

INSTRUCTIONS TO PARENTS OR GUARDIANS:

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 and/or in 7th grade, or in a program of group residence, care, or camping in this state shall present to officials at the time of registration or no 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). In addition, pneumococcal conjugate and Haemophilus influenzae type b vaccines are required for preschool-aged children, and meningococcal conjugate vaccine and Tdap are required for children who are 11 years of age or older upon entry into 7th grade or higher and newly enrolled in the district.

A parent or guardian wishing to exempt his or her child from a particular vaccination must provide this waiver form indicating the religious or philosophical objections to the vaccination(s). This waiver must be certified by the local health department. 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, I acknowledge I have attended the waiver session and have been informed about vaccines and vaccine-preventable diseases. I also understand that my child may be excluded from the school or childcare center if the local health department determines that it is necessary to control the occurrence of a vaccine-preventable disease.

ALL INFORMATION MUST BE FILLED IN BELOW (*Required fields):

I object to having my child, Little Michigander, born 00-00-year, immunized
(*First and *Last Name) (*Birth Date)

with the vaccines I have checked below (*Required fields):

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

*Reason: Philosophical or Religious Reason described

*Parent(s)/Guardian(s) Name: Mrs. M. Michigander

*Home Address: Any Street, City, MI XXXXX

Telephone: xxx-xxx-xxxx

*Preschool Program, Licensed Day Care Center, or School Name: Any School, Preschool, or Childcare

*Parent(s)/Guardian(s) Signature: Mrs. Michigander *Date Signed: 00-00-year

*Local Health Department Signature (Stamp): XXXX RN *Date Signed: 00-00-year

Copy – Health Department | Original - Parent/Guardian (they are responsible to submit to the school)

DCH-0716

AUTHORITY: P. A. 368 OF 1978, Part 92

Rev. January 1, 2020

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.