



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

2021 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, _____, born _____, immunized
(*First and *Last Name) (*Birth Date)

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

- DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis)
- Polio
- Hepatitis B
- MMR (Measles, Mumps, Rubella)

- Haemophilus influenzae type b
- Pneumococcal Conjugate (PCV)
- Varicella (chickenpox)
- Meningococcal Conjugate (MenACWY)

*Reason: _____

*Parent(s)/Guardian(s) Name: _____

*Home Address: _____

Telephone: _____

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

*Parent(s)/Guardian(s) Signature: _____ *Date Signed: _____

*Local Health Department Signature (Stamp): _____ *Date Signed: _____

Copy – Health Department | Original - Parent/Guardian (they are responsible to turn it over to the school)
DCH-0716 AUTHORITY: P. A. 368 OF 1978, Part 92 Rev. January 10, 2021