



STATE OF MICHIGAN
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 LANSING

RICK SNYDER
 GOVERNOR

NICK LYON
 DIRECTOR

2018 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. A *Guide to Contraindications and Precautions to Commonly Used Vaccines* can be found at www.immunize.org/catg.d/p3072a.pdf. Any child with a **medical contraindication** to a particular vaccination is considered susceptible to that vaccine-preventable disease, and is subject to exclusion from the school or childcare center if an outbreak of the disease occurs in the school or childcare 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:

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

Reason for exemption _____

Resource for valid medical contraindications at www.immunize.org/catg.d/p3072a.pdf; document *Guide to Contraindications and Precautions to Commonly Used Vaccines*.

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

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

File in the child's permanent record.