



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

2020 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 (MD/DO) 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 valid **medical contraindication** to a particular vaccine 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 (*Required fields):

*NAME OF CHILD (Last, First, Middle Initial): _____

*DATE OF BIRTH (Month/Day/Year): _____

NAME OF PARENT/GUARDIAN: _____

HOME ADDRESS: _____

TELEPHONE: _____

*PRESCHOOL PROGRAM OR CHILDCARE CENTER OR SCHOOL NAME: _____

***The following immunization(s) are medically contraindicated:**

- | | |
|--|---|
| <input type="checkbox"/> DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis) | <input type="checkbox"/> <i>Haemophilus influenzae</i> 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 for exemption: _____

Resource: Valid medical contraindications may be found at www.immunize.org/catg.d/p3072a.pdf; document *Guide to Contraindications and Precautions to Commonly Used Vaccines*.

*The exemption shall continue until (Month/Day/Year): _____

*PRINT PHYSICIAN NAME (MD/DO): _____

*PHYSICIAN (MD/DO) OFFICE ADDRESS: _____

*PHYSICIAN (MD/DO) TELEPHONE NUMBER: _____

*PHYSICIAN'S (MD/DO) SIGNATURE: _____ *Date: _____

Original form is turned into the child's preschool program, childcare center, or school. Medical office should retain a copy for their medical records.

DCH-0713

AUTHORITY: P. A. 368, PART 92, 1978, as amended

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