



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

FARAH A. HANLEY  
ACTING DIRECTOR

### 2019 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](http://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"/> DTaP, DT, Td, Tdap ( <i>Diphtheria, Tetanus, Pertussis</i> ) | <input type="checkbox"/> <i>Haemophilus influenzae</i> type b |
| <input type="checkbox"/> Polio                                                        | <input type="checkbox"/> <i>Pneumococcal Conjugate</i>        |
| <input type="checkbox"/> Hepatitis B                                                  | <input type="checkbox"/> <i>Varicella (chickenpox)</i>        |
| <input type="checkbox"/> MMR ( <i>Measles, Mumps, Rubella</i> )                       | <input type="checkbox"/> <i>Meningococcal Conjugate</i>       |

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

Resource for valid medical contraindications at [www.immunize.org/catg.d/p3072a.pdf](http://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 (MD/DO) (REQUIRED)	TELEPHONE  (   )
PHYSICIAN'S (MD/DO) SIGNATURE (REQUIRED)	DATE
PHYSICIAN'S (MD/DO) LICENSE NUMBER (REQUIRED):	

***Make a copy and file in the child's permanent record.***