



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

**DCH-0713, 2025 MEDICAL CONTRAINDICATION
WAIVER**
(Revised 1-25)

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 in an appendix of the [Centers for Disease Control and Prevention](#) (CDC) 2025 Child and Adolescent Immunization Schedule. 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.

SECTION 1 - PLEASE PRINT/TYPE (*Required fields)

*Name of Child (Last, First, Middle Initial) *Birth Date (Month/Date/Year)

*Name of Parent/Guardian Telephone Number

*Name of Parent/Guardian

*Home Address *City *State *Zip Code

***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**

SECTION 2 – RESOURCE: A guide to contraindications and precautions to commonly used vaccines can be found in an appendix of the [Centers for Disease Control and Prevention \(CDC\)](#) 2025 Child and Adolescent Immunization Schedule.

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

***Print/Type** Physician Name (MD/DO)

*Physician (MD/DO) Office Address *City *State *Zip Code

*Physician (MD/DO) Telephone Number

*Physician's (MD/DO) Signature *Date

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

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