



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

**2022 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 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](http://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

Rev. January 3, 2022

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility