



STATE OF MICHIGAN  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 LANSING

RICK SNYDER  
 GOVERNOR

NICK LYON  
 DIRECTOR

### 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. Any child with a medical contraindication to a particular vaccination is considered susceptible to that vaccine-preventable disease, and is subject to exclusion from school or childcare center if an outbreak of the disease occurs in the school or 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>Haemophilus influenzae type b</i> |
| <input type="checkbox"/> <i>Polio</i>   | <input type="checkbox"/> <i>Pneumococcal Conjugate</i>        |
| <input type="checkbox"/> <i>Hepatitis B</i>   | <input type="checkbox"/> <i>Varicella (chickenpox)</i>        |
| <input type="checkbox"/> <i>MMR (Measles, Mumps, Rubella)</i>                       | <input type="checkbox"/> <i>Meningococcal Conjugate</i>       |

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

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

<b>PRINT NAME &amp; ADDRESS OF PHYSICIAN</b>	TELEPHONE
PHYSICIAN'S SIGNATURE <b>(REQUIRED)</b>	DATE

**School and Childcare Staff: File in the child's permanent record and send a copy to your local health department.**

*\*Condition of acceptance is based on local health department policies.*