



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

Medical Contraindication Form

Michigan immunization law requires that a child enrolled in a school or child care 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 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 Child Care Center or School Name:	

The following immunization(s) are medically contraindicated:

Reason for exemption _____

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

PRINT NAME & ADDRESS OF PHYSICIAN	TELEPHONE
PHYSICIAN'S SIGNATURE (REQUIRED)	() DATE

File in the child's permanent record and send a copy to your local health department.