



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

IMMUNIZATION WAIVER FORM

INSTRUCTIONS TO PARENTS OR GUARDIANS:

Vaccine-preventable diseases are still with us. In many cases, they cause disability or death. Immunizations are one of our most cost-effective measures to protect children from harmful diseases. A high proportion of children must be immunized to prevent outbreaks of disease in school settings and other places where children work and play closely together.

Sections 9208 and 9211 of the Michigan Public Health Code require that a parent, guardian, or person in *loco parentis* applying to have a child registered for the first time in a Michigan school or in a program of group residence, care, or camping in this state shall present to officials at the time of registration or not later than the first day of school or program enrollment, a certificate of immunization verifying that the child has been vaccinated against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, and varicella (chickenpox). Vaccination for *Haemophilus influenzae* type b and pneumococcal conjugate is also required for preschool-aged children.

A parent or guardian wishing to exempt his or her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. The child may be subject to exclusion from the school or program, if the local and or state public health authority advises exclusion as a disease control measure.

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should he or she contract a disease that could have been prevented through proper vaccination.

ALL INFORMATION MUST BE FILLED IN BELOW.

I object to having my child, _____, born _____, immunized against the diseases I have checked below: (First & Last Name) (Birth Date)

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps | <input type="checkbox"/> Haemophilus influenzae type b |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella | <input type="checkbox"/> Pneumococcal Conjugate |
| <input type="checkbox"/> Varicella (chickenpox) | <input type="checkbox"/> Polio | |

Reason: _____

Parent(s)/Guardian(s) Name: _____

Address: _____ Telephone: _____

Child's Address: _____ Telephone _____
If different from parent/guardian

Parent or Guardian's Signature

Date Signed

Preschool Program or Licensed Day Care Center OR School Name (Required)

File in the child's permanent record and attach a copy to the IP-100 or IP-101 report that is sent to the local health department.