



JOHN ENGLER, GOVERNOR

DEPARTMENT OF PUBLIC HEALTH

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P.O. BOX 30035, LANSING, MICHIGAN 48908

Vernice Davis Anthony, Director

IMMUNIZATION WAIVER FORM*

According to Sections 9208 and 9211 of Act 368 of the Public Acts of 1978, as amended, State of Michigan, "A parent, guardian, or person in loco parentis applying to have a child registered or enrolled for the first time in a school or 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 enrollment, a certificate of immunization (or statement of exemption under Section 9215) . . ." verifying the child has been vaccinated against diphtheria, tetanus, pertussis, measles, mumps, rubella, poliomyelitis (and haemophilus influenzae type b for children in a pre-school child care program).

If parent(s) or guardian(s) wish to exercise a religious or other objection to immunization, they must sign this waiver form in the school or group residence, care, or camping program office. Children holding waivers to immunization(s), are considered susceptible to the related vaccine-preventable disease(s), and are subject to exclusion from the school or program if an outbreak of the disease(s) occurs in the school or program. Complete the portion below ONLY if you refuse to have your child immunized as stated in the law because of religious or other objections.

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

- ___ Diphtheria ___ Measles
___ Tetanus ___ Mumps
___ Pertussis ___ Rubella
___ Polio ___ Haemophilus influenzae type b (Pre-School Child Care Programs Only)

Reason: ___ Religious ___ Other (Please state reason below)

Parent or Guardian's Signature

Date Signed

Pre-School Child Care Program or School District Name

*DIRECTIONS TO SCHOOL OR CHILD CARE PROGRAM:
File in the child's permanent record and attach copy to IP-100/101 report.

