

**VACCINATION EXEMPTION PURSUANT TO MICHIGAN
STATUTE MCLA § 333.9215**

MCLA § 333.9215 is entitled "EXEMPTIONS":

- (1) A child is exempt from the requirements of this part as to a specific immunization for any period of time as to which a physician certifies that a specific immunization is or may be detrimental to the child's health and is not appropriate;

- (2) A child is exempt from this part if a parent, guardian in loco parentis of a child presents a written statement to the administrator of the child's school or operator of the group program to the effect that the requirements of this part cannot be met because of RELIGIOUS CONVICTIONS OR OTHER OBJECTIONS TO IMMUNIZATIONS.

The term OR OTHER OBJECTION TO IMMUNIZATION means that you as an individual or parent have the right to choose whether or not to vaccinate your child. The statute does not require you to disclose what other objection to immunization is. As with any medical decision, the decision to vaccinate or not is a right of the individual or parent. The State of Michigan, your doctor and public health employees cannot force you or your child to be vaccinated. Your child cannot be excluded from a school or public program because you have exercised your right not to vaccinate.

VACCINE EXEMPTION FORM

I, _____, as the parent, guardian or person in loco parentis of the child
(insert your name)

_____ after considering the risks and benefits of the vaccine(s) do hereby
(insert child's name)

decide not to vaccinate my child with the following vaccines:

- | | | |
|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps | |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella | |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Haemophilus influenzae type b | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella | |

Pursuant to my right to refuse vaccination on the statutory grounds of "other objection to immunization."

Pursuant to the statute I am providing a copy of the statement to the child's school administrator or operator of the group program pursuant to MCLA § 333.9215(2).

Date: _____

Parent/Guardian or Person in loco parentis

Making Informed Decisions

Your decision to vaccinate or not should be an informed decision. Vaccines can cause severe injuries including seizures, death, anaphylaxis, brain damage or minor reactions which may include fever. The type and severity of reactions may vary from vaccine to vaccine. The effects of the vaccine injury may be temporary or permanent. If you notice any changes in your child's condition after the shot, you should contact your doctor immediately or go to a hospital. No vaccine is one hundred percent effective and you or your child may contract the disease even if you are vaccinated. The reaction rates and effectiveness of vaccines vary from vaccine to vaccine. You may even contract the disease from the vaccine if the vaccine contains a live virus like polio. The immunity provided by a vaccine decreases with time and you may need to be re-vaccinated periodically to continue immunity. You may choose to vaccinate your child with all available vaccines, some vaccines or no vaccines at all.

Because the risks and benefits of each vaccination vary you should research as to each vaccine what the risks and benefits are.

You should provide a detailed history to the health provider of any health abnormalities your child may have prior to vaccinating especially if your child has had reactions to vaccines in the past, has a pre-existing neurological condition or is immune deficient. Under certain conditions the manufacturer or health care provider may recommend that your child not receive the vaccine or delay vaccination. You should also find out at what ages the vaccine is recommended to be administered.

Risks of Non-Vaccination

If you do not vaccinate your child, your child may be at a higher risk of contracting the disease than a vaccinated person. The disease may result in minor symptoms or severe complications including death. The nature and severity of complications will vary depending on the particular disease. The risks of contracting diseases may vary over time or by locality. The disease and some or all of the complications from the disease may be treatable by alternative methods like antibiotics or may resolve without treatment. Because the risks from each disease vary you should research the risks associated with the disease, the likelihood of contracting the disease and alternative methods of treating the disease.

For More Information

To make an informed decision there are numerous sources of information on the risks and benefits of the vaccine and the risks involved from the disease. Sources of information to determine if the risks associated with the vaccine outweigh the benefits include the package insert, physician desk reference, U.S. Centers for Disease Control and Prevention, public and medical libraries, state and local health agencies, the Food and Drug Administration, your health care providers, Michigan Opposing Mandatory Vaccines at (586) 447-2418 or www.momvaccines.org and the National Vaccine Information Center at (800) 909-SHOT or (703) 938-0342 or www/909shot.com.

Reporting Reactions

You should report vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) at (800) 822-7967. If you do choose to vaccinate, make sure you receive the name of the vaccine manufacturer and the lot number. If your child has a vaccine injury, your child may be eligible for compensation under the National Vaccine Injury Compensation Act.



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 disease. 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, poliomyelitis and hepatitis B. Vaccination for *Haemophilus influenzae* type b and varicella (chickenpox) are 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. That child will be subject to exclusion from the school or program if an outbreak of a vaccine-preventable disease to which he or she is susceptible occurs.

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.

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"/> Polio |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella | <input type="checkbox"/> <i>Haemophilus influenzae</i> type b |
| <input type="checkbox"/> Varicella (chickenpox) | | |

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 _____

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