



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

## DCH-0713, 2026 MEDICAL EXEMPTION (Revised 1-26)

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. Section 9215(1) of Part 92 of the Michigan Public Health Code provides: "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 or is not appropriate." A guide to contraindications and precautions to commonly used vaccines can be found in an appendix of the [American Academy of Pediatrics](#) Child and Adolescent Immunization Schedule. Any child with a valid medical exemption to a particular vaccine is considered susceptible to that vaccine-preventable disease and is subject to exclusion from the school or childcare center if an outbreak of the disease occurs in the school or childcare center.

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### SECTION 1 - PLEASE PRINT/TYPE (\*Required fields)

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*Name of Child (Last, First, Middle Initial)	*Birth Date (Month/Date/Year)
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*Name of Parent/Guardian	Telephone Number
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\*Name of Parent/Guardian

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*Home Address	*City	*State	*Zip Code
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### \*The following immunization(s) are medically contraindicated or not medically appropriate

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|--|---|
| <input type="checkbox"/> DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis)<br><input type="checkbox"/> Polio<br><input type="checkbox"/> Hepatitis B<br><input type="checkbox"/> MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> <i>Haemophilus influenzae</i> type b<br><input type="checkbox"/> Pneumococcal Conjugate (PCV)<br><input type="checkbox"/> Varicella (chickenpox)<br><input type="checkbox"/> Meningococcal Conjugate (MenACWY) |
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\*Reason for exemption

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**SECTION 2 – RESOURCE:** A guide to contraindications and precautions to commonly used vaccines can be found in an appendix of the [American Academy of Pediatrics](#) Child and Adolescent Immunization Schedule.

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**\*The exemption shall continue until (Month/Day/Year) \_\_\_\_\_**

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**\*Print/Type** Physician Name (MD/DO)

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\*Physician (MD/DO) Office Address

\*City

\*State

\*Zip Code

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\*Physician (MD/DO) Telephone Number

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\*Physician's (MD/DO) Signature

\*Date

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**AUTHORITY:** P.A. 368, Part 92, 1978, as amended, and Administrative Rule 325.176(1)(c)

**Original form is turned into the child's preschool program, childcare center, or school. Medical office should retain a copy for their medical records.**