



VACCINE MEDICAL EXEMPTION
 State Form 54648 (4-11)
 Indiana State Department of Health, Immunization Division

INSTRUCTIONS: 1. This form for any child in grades K-12 who is unable to receive a vaccine required for school entry due to a medical contraindication.
 2. Complete and sign form. Submitted to school as proof of exemption from required immunization.

Patient Name _____ Date of Birth (month/day/year) _____
 Parent/Guardian Name _____ Relationship _____
 Street Address _____
 City _____ ZIP Code _____ Telephone Number _____

General Contraindications to All Vaccines (Vaccine should not be given.)

- Severe allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or to a vaccine component
- Hepatitis B (Hep B)
 - Diphtheria, tetanus, pertussis (DTaP, Tdap)
 - Tetanus, diphtheria (DT, Td)
 - Inactivated poliovirus (IPV)
 - Measles, mumps, rubella (MMR)
 - Varicella (Var)
 - Meningococcal, conjugate (MCV4) or Meningococcal, polysaccharide (MPSV4)

Which vaccine or vaccine component caused reaction? _____

Type of Clinical Reaction & Date (month, day year) _____

Vaccine Specific Contraindications (Vaccine should not be given.)

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|---------------------|---|
| DTaP or Tdap | <input type="checkbox"/> Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within seven (7) days of administration of previous dose of DTP or DTaP |
| MMR | <input type="checkbox"/> Pregnancy Estimated Date of Confinement (EDC): _____ (month, day year) <input type="checkbox"/> Known severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long term immunosuppressive therapy; or patients with HIV infection who are severely immunocompromised) |
| Varicella | <input type="checkbox"/> Pregnancy Estimated Date of Confinement (EDC): _____ (month, day year) <input type="checkbox"/> Substantial suppression of cellular immunity |

Vaccine Specific Precautions (Vaccine may be given or held depending on clinical situation.)

| | |
|---------------------|--|
| DTaP or Tdap | <input type="checkbox"/> Guillan-Barre syndrome (GBS) within six (6) weeks after a previous dose of tetanus-containing vaccine <input type="checkbox"/> History of Arthus-type hypersensitivity reaction following a previous dose of tetanus and/or diphtheria toxoid-containing vaccine: defer vaccination until at least ten (10) years have elapsed since the previous dose <input type="checkbox"/> Progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy; defer vaccination with DTaP or Tdap until a treatment regimen has been established and the condition has stabilized |
| DTaP | <input type="checkbox"/> Temperature of $\geq 105^{\circ}\text{F}$ ($\geq 40.5^{\circ}\text{C}$) within forty-eight (48) hours after vaccination with a previous dose of DTP/DTaP <input type="checkbox"/> Collapse and shock-like state (i.e.: hypotonic hyporesponsive episode) within forty-eight (48) hours after previous dose of DTP/DTaP <input type="checkbox"/> Seizure or convulsion within three (3) days after receiving a previous dose of DTP/DTaP <input type="checkbox"/> Persistent, inconsolable crying lasting three (3) or more hours within forty-eight (48) hours after a previous dose of DTP/DTaP |
| MMR | <input type="checkbox"/> Recent (within eleven (11) months) receipt of antibody-containing blood product (interval depends on product) <input type="checkbox"/> History of thrombocytopenia or thrombocytopenic purpura |
| Varicella | <input type="checkbox"/> Recent (within eleven (11) months) receipt of antibody-containing blood product (interval depends on product) <input type="checkbox"/> Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) twenty-four (24) hours before vaccination; if possible, delay resumption of these antiviral drugs for fourteen (14) days after vaccination |

Other Medical Contraindication (Must list vaccine(s) and contraindications individually – continue on back if necessary.)

| Vaccine | Specific Contraindication |
|---------|---------------------------|
| | |
| | |

Please indicate the duration of the medical exemption, and if and when vaccine can be safely administered.
 (Exemption can last for a maximum of one (1) year, and a new form must be completed annually if medical exemption still applies.)

- Medical exemption is permanent, and will apply for one (1) year from today's date.
- Medical exemption is temporary (<1 year), and resolution is anticipated by ____/____/____
- Medical exemption is pregnancy, and Estimated Date of Confinement (EDC) is ____/____/____

Physician Name _____ Physician License Number _____
 Office Address _____ Telephone _____
 Physician Signature _____ Date (month, day year) _____

Making Informed Decisions

Your decision to vaccinate or not should be an informed decision. Vaccines can cause severe injuries such as seizures, death, anaphylaxis, brain damage and other reactions. The type and severity of reactions may vary from vaccine to vaccine and child to child. The effects of a vaccine injury may be temporary or permanent. If you notice any changes in your child's condition after receiving a vaccine, you should contact your doctor immediately or go to a hospital. Vaccines have never been proven to be safe or effective and your child may contract the disease even if he is vaccinated. What has been proven is that you can get the disease from the vaccine or from coming into contact with a recently vaccinated person. The polio vaccine is just one example. It is a known fact that most healthcare providers do not fully inform patients of the side effects a vaccine can have on the body, brain and immune system. Because of the highly toxic ingredients all vaccines contain, you should thoroughly research vaccines for yourself before making such an important decision. DO NOT allow someone else, even your healthcare provider, scare or force you into making this decision without being fully informed. Many healthcare providers have not researched vaccine history or toxicology and are not fully informed.

Always provide a detailed history of your child's health to your doctor. Make sure they know of allergies, neurological problems, nutritional deficiencies, any immune system disorder and skin diseases such as eczema. Most physicians and nurses do not warn parents that if their child's health is compromised in any way, such as having a common cold or previous reaction to a vaccine, they should not receive vaccines.

Benefits of Non-Vaccination

When you choose to not vaccinate your child, you have the responsibility to educate yourself on how to maintain the well-being of not only their body but also their mind and spirit as well. Childhood diseases can result in minor symptoms to severe complication or death depending on the child's immune system and treatment protocols followed. The stronger the immune system, the less severe are the symptoms of the disease. A child that goes through the full expression of the disease (i.e. fever and skin eruptions, without suppressing any of these symptoms) usually acquires immunity from that disease for life. Good nutrition and cleanliness play a major role. The risk of contracting various diseases can vary over time or locality. Symptoms or complications of these diseases may be treatable by alternative methods or may resolve without treatment. Educate yourself on childhood diseases from informed alternative sources. Fear of these diseases comes from not being properly informed.

For More Information

To make a truly informed decision there are numerous sources of information on the risks of vaccines and the risks and benefits of childhood diseases. Sources of information to determine if the risks associated with vaccines outweigh any perceived benefits include: vaccine package inserts, the Physicians Desk Reference, the U.S. Center for Disease Control and Prevention, public and medical libraries or state and local health agencies. (NOTE: These sources do not give complete and total information on vaccine ingredients and their toxicity, nor do they provide accurate statistics.)
Vaccination Liberation – www.vaclib.org or (888) 249-1421
National Vaccine Information Center – www.nvic.org or (800) 909-SHOT / (703) 938-0324
(NOTE: The two websites above, Vaccination Liberation and the National Vaccine Information Center, have proven to be excellent sources for extensive vaccine information.)

Reporting Reactions

If you do decide to vaccinate, report vaccine reactions to the Vaccine Adverse Event Reporting System (800) 822-7969. Always get the vaccine name, vaccine manufacturer and lot number. Keep records of day to day reactions from the time of vaccination for at least 6 months to 2 years, no matter how slight the reactions. Long-term effects of vaccines have not been well documented by the allopathic community and are just now being researched. If your child has been injured by a vaccine, he may be eligible for compensation under the National Vaccine Injury Compensation Program.

Dear Parent/Guardian:

Your child has a medical/religious exemption to vaccination and is not fully immunized. Although your child remains at risk for getting a vaccine preventable disease, IC 20-34-4 permits your child to attend school.

In the event of an outbreak of a vaccine preventable disease for which your child is not fully vaccinated, your child may be excluded from school to protect his/her health and the health of all our students and staff. It is important to understand that with some diseases such as measles, one infected child is an outbreak. The length of time your child will be kept out of school depends on the disease. Your child's exclusion may be as long as 3-4 weeks.

If your child is excluded from school, your child will also be excluded from school sponsored activities, such as sporting events, dances, and graduation that occur within the exclusion period. The school will notify you when your child can return to school.

Incompletely vaccinated children can be excluded from school due to cases of measles, chickenpox, pertussis, mumps, or any other vaccine preventable disease (at the discretion of the local health officer).

Acknowledgement of Consequences of Incomplete Vaccination

I understand that my child may be excluded from school in the event of an outbreak of a vaccine preventable disease.

I understand that school exclusion includes after-school activities, such as sporting events, dances, and graduation.

I understand that my child may be required to stay home for multiple weeks during an outbreak of a vaccine preventable disease for which he/she is not vaccinated.

Parent's name _____

Signature _____ Date _____

Child's name _____