Medical Exemption Statement

Physician: Please mark the contraindications/precautions that apply to this patient, then sign and date the back of the form. The signed Medical Exemption Statement verifying true contraindications/precautions is submitted to and accepted by schools, childcare facilities, and other agencies that require proof of immunization. For medical exemptions for conditions not listed below, please note the vaccine(s) that is contraindicated and a description of the medical condition in the space provided at the end of the form. The State Medical Officer may request to review medical exemptions.

Attach a copy of the most current immunization record

Name of patient	DOB
Name of parent/guardian	
Address (patient/parent)	
School/child care facility	

For official use only:

Date of review:

Medical contraindications for immunizations are determined by the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, published in the Centers for Disease Control and Prevention's publication, the Morbidity and Mortality Weekly Report.

A contraindication is a condition in a recipient that increases the risk for a serious adverse reaction. A vaccine will not be administered when a contraindication exists.

A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity. Under normal conditions, vaccinations should be deferred when a precaution is present.

Vaccine Х **Contraindications Hepatitis B** (not currently required • Serious allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or vaccine component by Administrative Rule Precautions of Montana [ARM]) Moderate or severe acute illness with or without fever DTaP Contraindications Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component • Encephalopathy within 7 days after receiving previous dose of DTP or DTaP П **Precautions** · Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP until neurological status has clarified and stabilized • Fever \geq 40.5°C (105°F) within 48 hours after vaccination with previous dose of DTP or DTaP Guillain-Barre' syndrome <6 weeks after a previous dose of tetanus toxoid-containing vaccine Seizure ≤ 3 days after vaccination with previous dose of DTP or DTaP Persistent, inconsolable crying lasting \geq 3 hours within 48 hours after vaccination with previous dose of DTP/ DTaP • • History of arthus-type hypersensitivity reactions after a previous dose of tetanus toxoid-containing vaccine Moderate or severe acute illness with or without fever DT, Td **Contraindications** • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Precautions Guillain-Barre' syndrome ≤6 weeks after a previous dose of tetanus toxoid-containing vaccine • History of arthus-type hypersensitivity reactions after a previous dose of tetanus toxoid-containing vaccine Moderate or severe acute illness with or without fever . IPV **Contraindications** Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Precautions Pregnancy . Moderate or severe acute illness with or without fever

Contraindications and Precautions

Vaccine	Χ		
PCV		Contraindications	
(not currently required by ARM)		 Severe allergic reaction (e.g., anaphylaxis) after a previous dose (of PCV7, PCV13, or any diphtheria toxoidcontai vaccine) or to a component of a vaccine (PCV7, PCV13, or any diphtheria toxoid-containing vaccine) 	
		Precautions	
		• Moderate or severe acute illness with or without fever	
Hib		Contraindications	
		• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	
		• Age <6 weeks	
		Precautions	
		• Moderate or severe acute illness with or without fever	
MMR		Contraindications	
		• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	
		• Known severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency long-term immunosuppressive therapy, or patients with HIV infection who are severely immunocompromised)	
		Pregnancy	
		Precautions	
		• Recent (<11 months) receipt of antibody-containing blood product (specific interval depends on the product)	
		History of thrombocytopenia or thrombocytopenic purpura	
		Need for tuberculin skin testing	
		Moderate or severe acute illness with or without fever	
Tdap		Contraindications	
(not currently required		• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	
by ARM)		• Encephalopathy within 7 days after receiving a previous dose of DTP, DTaP, or Tdap	
		Precautions	
		• Guillain-Barre' syndrome ≤6 weeks after a previous dose of tetanus toxoid-containing vaccine	
		• Progressive neurological disorder, including progressive encephalopathy, or uncontrolled epilepsy, until the condition has stabilized	
		Arthus reaction following a previous dose of any vaccine containing tetanus toxoid or diphtheria	
		Moderate or severe acute illness with or without fever	
Varicella		Contraindications	
		• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component	
		 Known severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency long-term immunosuppressive therapy, or patients with HIV infection who are severely immunocompromised) 	
		Pregnancy	
		Precautions	
		• Recent (<11 months) receipt of antibody-containing blood products (interval depends on product)	
		• Moderate or severe acute illness with or without fever	

For medical conditions not listed, please note the vaccine(s) that is contraindicated and a description of the condition

Attach most current immunization reco	ord Instructions
Date exemption ends	Purpose: To provide Montana physicians with a mechanism to document <u>true</u> medical exemptions to vaccinations
Completing physician's name (please print) Address	 Preparation: 1. Complete patient information (name, DOB, address, and school/childcare facility) 2. Check applicable vaccine(s) and exemption(s) 3. Complete date exemption ends and physician information 4. Attach a copy of the most current immunization record 5. Patchia a copy of the
Phone	5. Retain a copy for file 6. Return original to person requesting form Reorder: Immunization Program 1400 Broadway, Room C-211 Helena, MT 59620
Completing physician's signature (only licensed physicians may sign)	(406) 444-5580 http://www.dphhs.mt.gov/publichealth/immunization/
Montana Code Annotated 20-5-101-410: Montana Immunization Law	Questions? Call (406) 444-5580
52-2-735: Daycare certification	Administrative Rules of Montana

37.114.701-721: Immunization of K-12, Preschool, and Post-secondary schools 37.95.140: Daycare Center Immunizations, Group Daycare Homes, Family Day Care Homes