Medical Exemption Statement 3413F1

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:

☐ ***Check if reviewed by public health*** ***Name/credentials of reviewer***:_____***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.

Contraindications and Precautions

Vaccine	X	
Hepatitis B (not currently required by Administrative Rule of Montana [ARM])	☐ ☐	**Contraindications** • Serious allergic reaction (e.g., anaphylaxis) after a previous vaccine dose or vaccine component **Precautions** • Moderate or severe acute illness with or without fever
DTaP **DT, Td** **Tdap**	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	**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 **Precautions** • Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP until neurological status has clarified and stabilized • Fever ≥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 ≥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
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

Vaccine	X	
PCV (not currently required by ARM)	☐	**Contraindications** • Severe allergic reaction (e.g., anaphylaxis) after a previous dose (of PCV7, PCV13, or any diphtheria toxoid--contain 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
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

_____

_____

Name of Student_____

Date Exemption Ends_____

_____

Completing physician's name (please print)

Address_____

Phone_____

_____

Completing physician's signature (only licensed physicians may sign)

Instructions

Purpose: To provide Montana physicians with a mechanism to document true medical exemptions to vaccinations

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. Retain a copy for file
6. **Return original to person requesting form**

Reorder: Immunization Program
1400 Broadway, Room C-211
Helena, MT 59620
(406) 444-5580
http://www.dphhs.mt.gov/publichealth/immunization/

Questions? Call (406) 444-5580

Montana Code Annotated

20-5-101-410: Montana Immunization Law

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