NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NEVADA STATE IMMUNIZATION PROGRAM

# Preschool-12th Grade – Medical Immunization Exemption Certificate For Use in Public, Private, and Charter Schools

Nevada State Immunization Program · 4150 Technology Way Suite 210 · Carson City, NV 89706 http://dpbh.nv.gov/Programs/Immunizations/ · (775) 684-5900
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**Instructions for completing a Medical Immunization Exemption Certificate**

**Section 1:** Enter school and student information. Parent / guardian to provide signature and date.

**Section 2:** For health care provider use only. Please provide name, address, vaccine contraindication(s), signature, and date.

**Section 3:** For school use only: Obtain school signatures and dates.

**Parents / Guardians: Please turn this form into your school.**

## Section 1: School and Student Information

| Name of School (accepting exemption) | Street Address | City | Zip Code | Phone |
|---|---|---|---|---|
| | | | | |

| Student's Name | Date of Birth | Grade/Level |
|---|---|---|
| | | |

| Street Address | City | Zip Code | Phone |
|---|---|---|---|
| | | | |

Parent / Guardian Signature _____ Date _____

## Section 2: For Healthcare Provider Use Only - Provide name, address, vaccine contraindication(s), signature, and date.

| Name of Healthcare Provider | Street Address | City | Zip Code | Phone |
|---|---|---|---|---|
| | | | | |

1. I certify that due to a contraindication(s), the above named student is exempt from receiving the required vaccine(s)
2. The contraindication(s) marked below is in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines, American Academy of Pediatrics (AAP) guidelines, or vaccine package insert instructions: (Check where applicable)

☐ **DTaP** ☐ **Hepatitis A** ☐ **Hepatitis B** ☐ **IPV** ☐ **MenACWY** ☐ **MMR** ☐ **Td/Tdap** ☐ **Varicella**

### Permanent Contraindications

- ☐ Serious allergic reaction (e.g., anaphylaxis) after a previous vaccine dose (General for all vaccines)
- ☐ Serious allergic reaction (e.g., anaphylaxis) to a vaccine component (General for all vaccines)
- ☐ Previous encephalopathy not attributable to another identifiable cause within 7 days of administration of previous dose of DTaP/DTP/Tdap
- ☐ Progressive neurological problem after DTaP/DTP
- ☐ MMR contraindicated because of immunodeficiency, due to any cause
- ☐ Varicella contraindicated with substantial suppression of cellular immunity
- ☐ Other _____

### Temporary Contraindications until (date _____ )

- ☐ Recent administration of an antibody-containing blood product (MMR, Varicella)
- ☐ Student is pregnant (MMR, Varicella)
- ☐ Thrombocytopenia/thrombocytopenic purpura - now or by history (MMR)
- ☐ Other _____

### Precautions

**Any of the conditions below after a previous dose of DTP or DTaP:**

- ☐ Neurologic disorder – unstable or evolving
- ☐ Fever of >105° F (40.5° C) unexplained by another cause (within 48 hrs)
- ☐ Seizure or convulsion within 72 hours
- ☐ Persistent, inconsolable crying lasting > 3 hours (within 48 hours)
- ☐ Collapse or shock like state (within 48 hours)
- ☐ Guillain-Barré Syndrome (within 6 weeks)

**Other precautions for required vaccines:**

- ☐ _____

### Precaution for DTaP, DT, Td, Tdap

- ☐ History of arthus-type hypersensitivity, defer Tetanus-toxoid vaccine for at least 10 years

Parent/student has been informed that if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from school by the school administrative head for a period of time as determined by the Nevada Division of Public and Behavioral Health based on a case-by-case analysis of public health risk.

MD, DO, or APRN Signature _____ License Number _____ Date _____

Only a licensed DO, MD or APRN may sign form unless representing a tribal clinic or designee.

## Section 3: For School Official Use Only: Please provide date and signatures

School Nurse or Designee Signature _____ Date _____

School Board or Designee Signature _____ Date _____

It is the responsibility of the administrative head of the school to secure compliance with the regulations. The administrative head of the school shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.