

NEVADA STATE IMMUNIZATION PROGRAM

Child Care – Medical Immunization Exemption Certificate

For Use in Child Care Facilities or Accommodation Facilities

Nevada State Immunization Program · 4150 Technology Way Suite 210 · Carson City, NV 89706 http://dpbh.nv.gov/Programs/Immunizations/ · (775) 684-5900 nviz@health.nv.gov

Instructions for completing a Medical Immunization Exemption Certificate

Section 1: Enter child care facility and child 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

Parents / Guardians: Please turn this form into the child care facility.

ection 3: For child care facility use only: Obtain child care signature and date.				care facility.	
Section 1: Child Care Facility and Child Informati	ion				
Name of Child Care Facility (accepting exemption) Stre	et Address	City	Zip Code	Phone	
Child's Name	<u> </u>		Grade/Level		
Street Address		City	Zip Code	Phone	
Parent / Guardian Signature			Date		
Section 2: For Healthcare Provider Use Only - Pro	ovide name, address	, vaccine contrainc		nature, and date	
Name of Healthcare Provider Stree	et Address	City	Zip Code	Phone	
I certify that due to a contraindication(s), the above reference that due to a contraindication(s), the above reference that contraindication(s) marked below is in accordant guidelines, American Academy of Pediatrics (AAP) graph DTaP Hepatitis A Hepatitis B	ce with the Advisory C uidelines, or vaccine pa	ommittee on İmmun ackage insert instruct —	ization Practice ions: (Check w	es (ACIP)	
Permanent Contraindications	Temporary Contraindications until (date)				
 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 	Varicella) Child is pregna Thrombocytope Other Precautions Any of the condition Neurologic discomplete for 105° For Seizure or converse for 105° For Seizure or show for Seizure	 Child is pregnant (MMR, Varicella) ☐ Thrombocytopenia/thrombocytopenic purpura - now or by history (MMR Other ☐ 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) 			
Precaution for DTaP, DT, Td, Tdap					
☐ History of arthus-type hypersensitivity, defer Tetan	us-toxoid vaccine for a	t least 10 years			
Parent/child has been informed that if an outbreak of viexcluded from the child care facility by the child care ac Division of Public and Behavioral Health based on a cas	dministrative head for	a period of time as de			
MD, DO, or APRN Signature nly a licensed DO, MD or APRN may sign form unless represe	enting a tribal clinic or de	License signee.	Number	Date	
Section 3: For Child Care Facility Official Use On	ıly: Please provide da	ate and signature			
Child Care Director or Designee Sig	gnature -		Date		