



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 • nviz@health.nv.gov

Instructions for completing a Medical Immunization Exemption Certificate

Section 1: Enter school and student information.

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.

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
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

- I certify that due to a contraindication(s), the above named student is exempt from receiving the required vaccine(s)
- 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	Temporary Contraindications until (date _____)
<input type="checkbox"/> Serious allergic reaction (e.g., anaphylaxis) after a previous vaccine dose (General for all vaccines) <input type="checkbox"/> Serious allergic reaction (e.g., anaphylaxis) to a vaccine component (General for all vaccines) <input type="checkbox"/> Previous encephalopathy not attributable to another identifiable cause within 7 days of administration of previous dose of DTaP/DTP/Tdap <input type="checkbox"/> Progressive neurological problem after DTaP/DTP <input type="checkbox"/> MMR contraindicated because of immunodeficiency, due to any cause <input type="checkbox"/> Varicella contraindicated with substantial suppression of cellular immunity <input type="checkbox"/> Other _____	<input type="checkbox"/> Recent administration of an antibody-containing blood product (MMR, Varicella) <input type="checkbox"/> Student is pregnant (MMR, Varicella) <input type="checkbox"/> Thrombocytopenia/thrombocytopenic purpura - now or by history (MMR) <input type="checkbox"/> Other _____
Precautions	
Any of the conditions below after a previous dose of DTP or DTaP:	
<input type="checkbox"/> Neurologic disorder – unstable or evolving <input type="checkbox"/> Fever of >105° F (40.5° C) unexplained by another cause (within 48 hrs) <input type="checkbox"/> Seizure or convulsion within 72 hours <input type="checkbox"/> Persistent, inconsolable crying lasting > 3 hours (within 48 hours) <input type="checkbox"/> Collapse or shock like state (within 48 hours) <input type="checkbox"/> Guillain-Barré Syndrome (within 6 weeks)	
Other precautions for required vaccines: <input type="checkbox"/> _____	
Precaution for DTaP, DT, Td, Tdap	
<input type="checkbox"/> 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 Nevada-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.	