

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.

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

Section 3: For child care facility use only: Obtain child Section 1: Child Care Facility and Child Information		and dates.				
•		Addraga	City	Zin Codo	Dhono	
Name of Child Care Facility (accepting exemption) Street		Address	City	Zip Code	Phone	
Child's Name			Date of Birth	Oate of Birth Grade/Level		
Street Address		City	Zip Code	Phone		
Section 2: For Healthcare Provider Use Only - F	Provide	name, address, vaccine	contraindication(s),	, signature, and	date.	
Name of Healthcare Provider Street A		Address	City	Zip Code	Phone	
 I certify that due to a contraindication(s), the above named child 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/Tdap ☐ Hepatitis A ☐ Hepatiti	is B	☐ IPV ☐ Pneumocoo	ccal (PCV)	MMR □ Hi	b	
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) 		 □ Recent administration of an antibody-containing blood product (MMR, Varicella) □ Child is pregnant (MMR, Varicella) □ Thrombocytopenia/thrombocytopenic purpura - now or by history (MMR) □ Other 				
 □ 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 		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		Other precautions for required vaccines:				
Precaution for DTaP, DT, Td, Tdap						
☐ History of arthus-type hypersensitivity, defer Tetar	nus-toxo	id vaccine for at least 10 ye	ears			
Parent/child has been informed that if an outbreak of va facility by the child care facility administrative head for passed on a case-by-case analysis of public health risk.						
MD, DO, or APRN Signa Only a Nevada-licensed DO, MD or APRN may sign form unles	nting a tribal clinic or designee	License Nu	mber	Date		
Section 3: For Child Care Facility Official Use O	Only: Pl	ease provide date and si	gnature			
Child Care Director or Designee Signature			Date			
It is the responsibility of the administrative head of the children who have not received the m						