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
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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 care facility signatures and dates.

Section 1: Child Care Facility and Child Information				
Name of Child Care Facility (accepting exemption)	Street Address	City	Zip Code	Phone
Child'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

1. I certify that due to a contraindication(s), the above named child 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/Tdap** ☐ **Hepatitis A** ☐ **Hepatitis B** ☐ **IPV** ☐ **Pneumococcal (PCV)** ☐ **MMR** ☐ **Hib** ☐ **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)
- ☐ Child 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/child has been informed that if an outbreak of vaccine-preventable disease should occur, an exempt child will be excluded from the child care facility by the child care facility 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 Only a Nevada-licensed DO, MD or APRN may sign form unless representing a tribal clinic or designee. | License Number | Date

Section 3: For Child Care Facility Official Use Only: Please provide date and signature

Child Care Director or Designee Signature | Date

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