

Authentic Waiver Checklist

Current 2022 Waiver item answers included.

1. Is the Governor's Name Correct?

Governor Gretchen Whitmer

2. Is there a State of Michigan Seal at the top?

3. Does the title contain a date?

2022 Immunization Waiver Form

4. Is the MDHHS Director's Name Correct?

Elizabeth Hertel

5. Are there multiple signature lines for a parent, and the local health department?

6. Is the Form Number # at the bottom left corner?

DCH – 0716

7. Is the MDHHS address at the bottom both correct and complete?

333 S. Grand Avenue PO BOX 30195
Lansing, Michigan 48909
www.michigan.gov/mdhhs
517-241-3740

8. Is the revision date on the form in the bottom right corner?

The revision date is always January of the current year.



The form is titled "2022 IMMUNIZATION WAIVER FORM" and features the Michigan State Seal at the top center. It is signed by Gretchen Whitmer, Governor, and Elizabeth Hertel, Director. The form includes instructions for parents/guardians, a list of required vaccines, and signature lines for both the parent and the local health department. A large "DRAFT" watermark is visible across the form.

1 GRETCHEN WHITMER GOVERNOR

2 STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

3 2022 IMMUNIZATION WAIVER FORM

4 ELIZABETH HERTEL DIRECTOR

INSTRUCTIONS TO PARENTS OR GUARDIANS:

Sections 9208 and 9211 of the Michigan Public Health Code require that a parent, guardian, or person in loco parentis applying to have a child registered for the first time in a Michigan school and/or in 7th grade, or in a program of group residence, care, or camping in this state shall present to officials at the time of registration or no later than the first day of school or program enrollment, a certificate of immunization verifying that the child has been vaccinated against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, and varicella (chickenpox). In addition, pneumococcal conjugate and Haemophilus influenzae type b vaccines are required for preschool-aged children, and meningococcal conjugate vaccine and Tdap are required for children who are 11 years of age or older upon entry into 7th grade or higher and newly enrolled in the district.

A parent or guardian wishing to exempt his or her child from a particular vaccination must provide this waiver form indicating the religious or philosophical objections to the vaccination(s). This waiver must be certified by the local health department. A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. The child may be subject to exclusion from the school or program, if the local and/or state public health authority advises exclusion as a disease control measure.

By signing this waiver, I acknowledge I have attended the waiver session and have been informed about vaccines and vaccine-preventable diseases. I also understand that my child may be excluded from the school or childcare center if the local health department determines that it is necessary to control the occurrence of a vaccine-preventable disease.

ALL INFORMATION MUST BE FILLED IN BELOW (*Required fields):

I object to having my child, _____ born _____, immunized with the vaccines I have checked below (*Required fields):

(**First and **Last Name) (**Birth Date)

<input type="checkbox"/> DTaP (DT, Td, Tdap (Diphtheria, Tetanus, Pertussis))	<input type="checkbox"/> Haemophilus influenzae type b
<input type="checkbox"/> Polio	<input type="checkbox"/> Pneumococcal Conjugate (PCV)
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Varicella (chickenpox)
<input type="checkbox"/> MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Meningococcal Conjugate (MenACWY)

*Reason: _____

*Parent(s)/Guardian(s) Name: _____

*Home Address: _____

Telephone: _____

*Preschool Program, licensed Day Care Center, or School Name: _____

*Parent(s)/Guardian(s) Signature: _____ *Date Signed: _____

*Local Health Department Signature (Stamp): _____ *Date Signed: _____

5 **6** Copy – Health Department | Original - Parent/Guardian (they are responsible to turn it over to the school)
DCH - 0716 AUTHORITY: P. A. 360, I.C. 132, 1978, as amended Rev. January 3, 2022

The Michigan Department of Health and Human Services will not discriminate on the basis of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity, sexual orientation, partner considerations, or disability or genetic information that is unrelated to the person's eligibility

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