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VIA EMAIL

May 18, 2023

Michigan Department of Health and Human Services
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Lansing, Michigan 48909

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Public Health Administration
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RE: **MDHHS Process for Nonmedical Vaccine Exemptions**

Dear Ms. Lyon-Callo and Mr. Rick:

We represent Informed Consent Action Network¹ (“ICAN”) and write on behalf of several Michigan parents who have requested a nonmedical exemption to mandated vaccines for their minor children from their local health department (“LHD”). The Michigan Department of Health and Human Services’ (“MDHHS”) current process for obtaining a nonmedical exemption violates applicable state and federal law for the reasons listed herein. Therefore, MDHHS must immediately cease its unlawful procedure.

In December 2014, Mich. Admin. Code R. 325.176 (12) was amended to require that the LHD certify a nonmedical vaccine exemption and that all exemptions be submitted on a form prescribed by MDHHS. Before the rule change, and pursuant to the statute’s plain language, a parent seeking a nonmedical exemption provided it directly to the school.

As of January 19, 2023, MDHHS implemented a “new electronic process for nonmedical waiver forms.”² This new process is unlawful as written and applied. It is unlawful as written because the process exceeds MDHHS’s authority under applicable law and rule.³ If MDHHS wanted to create this new process, it was required to promulgate it via the appropriate administrative process and permit the public an opportunity to respond.

¹ www.icandecide.org.

² See Attachment 1 (Nonmedical Immunization Wavier Form).

³ See Attachment 2 (Chart detailing how the new policy violates the statutory and privacy rights of the parent).

The process is unlawful as applied because, despite the rhetoric included on its forms that a parent can submit either a hard copy or electronic exemption, LHDs (i.e., Saginaw County) are informing parents seeking a nonmedical exemption that they must now opt their child into the Michigan Care Improvement Registry (“**MCIR**”) to obtain a nonmedical exemption to mandatory vaccination. Even when a parent has previously opted out of MCIR and verbally objected to opting in, LHDs represent that no other option exists to exempt their child. Conversely, other LHDs (i.e., Macomb County) refuse to provide the parent a copy of the exemption unless they “opt out” of MCIR.

Additionally, LHDs are creating an electronic health record (“**EHR**”) for parents seeking an exemption, and their children, without informing these parents of same. Parents who object to being forced patients of the LHD and having an EHR created are outright refused the exemption.

I. MICHIGAN CARE IMPROVEMENT REGISTRY

MCIR is a registry of “health information, including but not limited to: children’s immunizations; immunization history; height, weight, and other reportable information; and identification information on children, adolescents, and adults.”⁴ The MCIR “user” includes the LHD.⁵

A. MDHHS Lacks Authority to Enter Waiver Information Into MCIR

Mich. Comp. Laws § 333.9227 states that MDHHS “shall **promulgate rules to implement this part**, including, but not limited to . . . (e) Reporting under section 9206 (3).” In turn, Mich. Comp. Laws § 333.9206 (3) states:

Unless the parent, guardian, or person in loco parentis of the child who received the immunizing agent objects by written notice received by the health care provider prior to reporting, a health care provider shall report to the department each **immunization administered** by the health care provider, pursuant to rules promulgated under section 9227. If the parent, guardian, or person in loco parentis of the child **who was immunized** objects to the reporting requirement of this subsection by written notice received by the health care provider prior to notification, the health care provider **shall not report the immunization.**⁶

Mich. Admin. Code R. 325.163 governs vaccine information reportable to MCIR. The rule explicitly states numerous times that “administered immunization” is reportable. The rule never

⁴ Mich. Admin. Code R. 325.161 (e).

⁵ See Mich. Admin. Code R. 161 (d) (referring to definition used in Mich. Comp. Laws § 333.9206(5)) (stating that “‘health care provider’ means a health professional, health facility, or local health department.” See also Mich. Admin. Code R. 325.161 (f).

⁶ Mich. Comp. Laws § 333.9206 (2) requires the health care provider to notify the parent of the right to object to the reporting requirement before administering the vaccine.

mentions exemption information as reportable to MCIR. In fact, it limits the permission of individuals authorized to report vaccination to “[o]nly a health care provider who is authorized to administer an immunizing agent.”⁷ No such provision exists for who is authorized to report exemption information.

Mich. Comp. Laws § 333.9227 (2) further provides that MDHHS “**shall promulgate rules to implement the expansion of the registry to include the reporting and recording of additional information . . .**” Thus, current Michigan law does not permit MDHHS to enter vaccine **exemption information** into MCIR, including the type of exemption received. Instead, a healthcare provider may only enter the **immunizations administered**.

Before expanding the registry to include exemption information, MDHHS must promulgate a rule permitting same pursuant to the above-cited law. Instead, MDHHS currently instructs LHDs to enter vaccine exemption information into MCIR⁸ even though it lacks the authority to do so. **MDHHS must cease this unlawful practice immediately.**

We note that the MCIR disclaimer⁹ embedded in the LHD Vaccine Information Statement (“VIS”) is insufficient for any purpose but specifically to overcome the violations cited herein. Critically, the LHD is prohibited from substantially altering an official federal document, such as the VIS. Without a doubt, MDHHS’ act of embedding the MCIR disclaimer language into the document converts it from a VIS to a legally-required disclaimer; thus, it substantially alters the document. Furthermore: (1) it is inherently deceitful for MDHHS to conceal the MCIR disclaimer language on the final page of the VIS. Obviously, parents believe they are receiving a VIS and not a legal disclaimer and are unlikely to notice the added paragraph embedded on the last page of the document, which is printed in the same font and font size as the original text; and (2) the MCIR disclaimer language deceptively states that “immunization information” is entered into MCIR. This language is doubly dishonest because (i) MDHHS enters exemption information into MCIR, and this language fails to provide adequate disclosure to parents, and (ii) the statute only permits entry of “vaccines administered” and not “immunization information” generally.¹⁰ Finally, pursuant to a recent Freedom of Information Act issued to the Saginaw County Health Department, this LHD (and likely others) provides **zero** information to parents regarding MCIR, MCIR opt-out, or that it is entering confidential health and personal information into MCIR.

B. MDHHS Is Violating the Confidentiality of MCIR Information

Mich. Admin. Code R. 325.166 prohibits sharing of “all health information . . . that . . . can be readily associated with a particular individual,” including immunization, except in accordance with the exceptions listed in that rule. Once information is entered in MCIR, there is no exception for the LHD to disclose identifying information to a child’s school for purposes of a nonmedical exemption. While the information contained in MCIR may be provided to any registered user, the

⁷ Mich. Admin. Code R. 325.163 (3).

⁸ See Attachment 3 (Local Health Department (LHD) Guide Non-Medical Waiver Documentation in MCIR).

⁹ See Attachment 4 (VIS given to parents as provided by the Saginaw County Health Department pursuant to a Freedom of Information Act request).

¹⁰ See § I.A. and accompanying notes.

user would have to first submit a written, oral, or electronic request.¹¹ The only way a school would know to request this information is if the LHD informs the school that an exemption has been issued for that child, which would violate the registry's confidentiality provisions. In fact, the confidentiality provisions are so strict that, for a parent to obtain a copy of information entered into MCIR, the parent must issue a written request "which is witnessed or notarized," along with suitable identification and a certified birth certificate of the child.¹²

Furthermore, Mich. Comp. Laws § 333.9207 states that the "information contained in the registry is subject to the confidentiality and disclosure requirements of §§ 2637 and 2888¹³ and the rules promulgated under section 9227. . . ."

Likewise, Mich. Comp. Laws § 333.2637 states in relevant part:

(1) The department shall establish procedures pursuant to section 2678¹⁴ to protect the confidentiality of, and regulate the disclosure of, data and records contained in a departmental data system or system of records.

(2) The procedures established under subsection (1) shall be consistent with the policy established under sections 2611 and 2613.¹⁵

(3) Except as provided in section 2640, the procedures established under subsection (1) shall specify the data contained in a departmental data system or system of records that shall not be disclosed unless items identifying a person by name, address, number, symbol, or any other identifying particular are deleted.

(5) An officer or employee of the department shall not disclose data contained in a departmental data system or system of records **except as authorized in the procedures adopted pursuant to this section.**

¹¹ Mich. Admin. Code R. 325.166 (5).

¹² Mich. Admin. Code R. 325.166 (2) (b). *Cf.*, Attachment 1 (stating "the certified Nonmedical Immunization Waiver Form will be documented in [MCIR] by the [LHD]" and that the electronic waiver can be seen by schools and childcare centers).

¹³ Mich. Comp. Laws § 333.2888 states in relevant part: (1) To protect the integrity of vital records, to insure their proper use, and to insure the efficient and proper administration of the system of vital statistics, a person or governmental entity shall not permit inspection of, disclose information contained in vital records, or copy or issue a copy of all or part of a record except as authorized by this part, by rule, or by order of a court of competent jurisdiction. . . ."

¹⁴ Mich. Comp. Laws § 333.2678 requires MDHHS to **promulgate rules** to implement section 2637.

¹⁵ Mich. Comp. Laws § 333.2613 requires MDHHS to define by rule the nature of data collected, compiled, processed, used, or shared by the department pursuant to and consistent with section 2611 (2).

(6) The department periodically shall review the procedures adopted under this section.

In turn, Mich. Comp. Laws § 333.2611 (2) states:

(2) The department shall establish policy consistent with this part to administer health services research, evaluation, and demonstration and health statistical activities undertaken or supported by the department. In establishing the policy the department shall consider the following interests:

- (a) The individual's right and reasonable expectation of privacy concerning its use, including the protection of privileged communications and the expectations of the individual when giving the information.
- (b) The freedom of persons to do business.
- (c) The public's interest in the protection of private rights.
- (d) The public's interest in the free access to governmental information.
- (e) The protections necessary to encourage persons to provide information.
- (f) The individual's interest in being informed of dangers of which he or she would not otherwise be aware.
- (g) The public's interest in the effective use of available data to protect and promote the health of individuals and the public as a whole.
- (h) The public's interest in the effective and efficient management of governmental activities.
- (i) The individual's interest in data about himself or herself.
- (j) The interests of other governmental entities in preparing reports.

When read in conjunction, these statutes and rules do not permit the LHD to share exemption information with the child's school for several reasons. First, exemption information is being entered into MCIR unlawfully, and the LHD's sharing of the child's unlawfully entered information clearly violates the law. Second, even if the information was lawfully inputted into MCIR, nothing in the law permits the school to automatically access a child's exemption

information. Furthermore, the interests identified in Mich. Comp. Laws § 333.2611 (2) weigh in favor of maintaining the confidentiality of the parent and child and the non-sharing of information between the LHD and school for the following reasons:

- (1) Applicable law requires this information to remain confidential and prohibits information sharing in this instance.
- (2) The parent is forced to provide this personal and confidential information to the LHD to obtain an exemption (i.e., the parent is not voluntarily disclosing this information).
- (3) The LHD fails to inform the parent that it is entering information in MCIR and creating an EHR, much less the parent's right to opt-out. Some LHDs force parents to opt into MCIR (a governmental tracking system) to obtain the exemption.
- (4) Unlike the current process implemented by MDHHS, the law and rules provide that for parents to obtain an exemption, they must provide the exemption to the school. The school must then provide de-identified data to the LHD pursuant to Mich. Comp. Laws § 388.1767 and Mich. Admin. R. 325.176 (16).
- (5) The public has an interest in governmental entities such as MDHHS to adhere to state and federal privacy laws and other laws.
- (6) Pursuant to the cited process established law, the LHD receives de-identified exemption data from the school and therefore has no valid interest in mining and storing the parent and child's confidential information, especially where it does so in violation of the law.
- (7) The LHD's curating and storing of confidential information is superfluous and noneconomical because the existing laws require the school to provide de-identified exemption information to the LHD.
- (8) The LHDs refuse to provide the parent access to the information it unlawfully collects from them.

C. MDHHS Lacks Authority to Create an EHR for Parents Seeking an Exemption

Parents seeking an exemption are not implicitly or expressly consenting to become a patient of the LHD. Instead, the parent is compelled to attend the "educational session" to obtain the exemption, which is a statutory right. In fact, parents have no knowledge that the LHD is treating them as a patient and creating and maintaining an EHR for themselves and their children.

The LHD lacks the legal authority to create an EHR for these parents or maintain a copy of the exemption. Critically, Mich. Admin. R. 325.176 (13)-(14) requires **the school to maintain the immunization and exemption information for the child**. Moreover, Mich. Comp. Laws § 388.1767 requires the school to report exemption status to the LHD. However, no statute or rule

permits the LHD to create the EHR or to maintain a copy of the child's exemption, and the existing statutes and rules do not support this notion.

D. MDHHS Is Violating the Parent's Access to Records

LHDs also violate applicable laws regarding parents' access to MCIR and the EHR. While some LHDs, (i.e., Saginaw County) inform parents that they must opt into MCIR to receive the exemption in the first instance, other LHDs (i.e., Macomb County) are telling parents that, to receive a copy of the exemption, they must first opt out of MCIR. Refusing to provide parents with a copy of the exemption violates applicable law.

For example, Mich. Comp. Laws § 333.2639 states:

(1) Upon written request, an individual shall be permitted to review his or her personal records maintained or made under the authority of this part, in accordance with this section.

(2) The department shall establish procedures for reviewing a request from a person concerning access to or the amendment of a record or data pertaining to the person, or from a researcher, other person, or governmental entity requesting information or access to information possessed by the department, including a method of making a determination on the request for access or amendment. A person or researcher aggrieved by a decision under this section may request an administrative hearing.

(3) The department shall maintain records of requests for access to or amendments of data with the accuracy, relevance, timeliness, and completeness necessary to assure fairness to the person making the request.

Regarding the EHR, Congress passed Health Insurance Portability and Accountability Act (“**HIPAA**”)¹⁶ in 1996 and tasked the United States Department of Health and Human Services (“**HHS**”) with recommending regulatory standards related to protecting health information, including regulations concerning an individual's right to access his or her protected health information. In 2000, HHS issued the “Privacy Rule,” which established individuals' right to access their medical records.¹⁷ For example, 45 C.F.R. § 164.524 (a) requires a covered entity to provide an individual the right to access, inspect, and obtain a copy of protected health information. Subsection (d) requires that, when the entity denies the request, it provide (1) the basis for the denial, (2) a statement of the individual's review rights, and (3) a description of how the individual may complain to the covered entity regarding the denial, including the name, title, and telephone number of the relevant contact person. Similarly, 42 U.S.C. § 17935 (e) provides that an individual shall have a right to obtain from a covered entity his or her EHR. Likewise, Mich. Comp. Laws §

¹⁶ 42 U.S.C. § 1320d *et seq.* See also 45 C.F.R. §§ 160, 164 *et seq.*

¹⁷ See 45 C.F.R. § 164.524.

333.26265 (1) states that “a patient or his or her authorized representative has the right to examine or obtain the patient’s medical record.”

LHDs are creating an EHR and inputting personal health information into MCIR without parents’ consent or knowledge, are refusing to provide a copy of the exemption to parents, and are withholding from parents their legal right to obtain a copy. At the very least, LHDs are impermissibly deceptive regarding the parents’ right to obtain a copy of the exemption. At worst, they are violating state and federal law.

E. MDHHS Is Violating MCIR’s Opt-Out Provisions

Michigan statute allows a parent to opt their child out of the MCIR. Mich. Comp. Laws § 333.9206 (3) states:

Unless the parent, guardian, or person in loco parentis of the child who received the immunizing agent objects by written notice received by the health care provider prior to reporting, a health care provider shall report to the department each immunization administered by the health care provider, pursuant to rules promulgated under section 9227. **If the parent, guardian, or person in loco parentis of the child who was immunized objects to the reporting requirement of this subsection by written notice received by the health care provider prior to notification, the health care provider shall not report the immunization.**¹⁸

Additionally, Mich. Comp. Laws § 333.9206 (2) requires the health care provider to notify the parent of the right to object to the reporting requirement before administering the vaccine. Yet, MDHHS is entering exemption information in MCIR without prior notice to parents and, in some instances, forces parents to opt into MCIR to receive the exemption.

Mich. Admin. Code R. 325.163 (5) provides:

A health care provider¹⁹ who receives written notification from a person requesting that his or her (or his or her child’s) **immunization data not be reported to the registry** shall forward the request to the department in a form provided by the department. **The department shall not add any immunization information to that individual’s or child’s record after receipt of the request.** This subrule does not apply to drugs, medications, chemicals, vaccines, or biological products being used in response to a public health emergency.

¹⁸ Mich. Comp. Laws § 333.9206 (2) requires the health care provider to notify the parent of the right to object to the reporting requirement before administering the vaccine.

¹⁹ The health department qualifies as a “healthcare provider.” *See supra* n. 3.

Mich. Admin. Code R. 325.163a (2) provides:

A health care provider who receives written notification from an adult requesting that his or her (or his or her child's) data not be reported to the registry shall forward the request to the department. **The department shall not add any information about the child's height and weight to that individual's or child's record after receipt of the request.**

Mich. Admin. Code R. 325.165 provides:

The department shall make immunization information inaccessible or reinstate immunization information from the MCIR upon receipt of a written request to make inaccessible or reinstate immunization information. The request shall be on a form prescribed or authorized by the department, be signed by the subject of the record, the subject's parents, or legal representative of the subject or the subject's parents and be witnessed as required in R 325.166(3).

In providing opt-out provisions to MCIR, including the ability to opt out of not only vaccine but also height and weight tracking, it was the clear intention of the Michigan legislature and rule makers to enable parents to keep their child's personal information from being mined and stored by MDHHS. Unfortunately, MDHHS's exemption process usurps these rights. In fact, upon information and belief, some LHDs inform parents that they "must be in MCIR" to receive the exemption. Furthermore, the LHD inputs a child's exemption information into MCIR even when the parent has opted the child out and has not provided written permission to reinstate the child. Finally, the LHD creates an EHR for the child and the parents without the parent's consent or knowledge.

F. MDHHS Is Liable for its Violation of MCIR's Opt-Out and Confidentially Provisions

As stated, MDHHS' process effectively prohibits parents seeking an exemption from opting out of MCIR and prohibits parents from maintaining the confidentiality of their child's personal and medical information. Mich. Comp. Laws § 333.9206 (4) provides that a health care provider who commits an act or omission constituting gross negligence or willful and wanton misconduct resulting in violation of the MCIR opt-out provisions is liable in a civil action for gross negligence. Furthermore, Mich. Comp. Laws § 333.2638 states:

A person who discloses confidential information in violation of . . . 2637 or a rule implementing section 2637 is guilty of a misdemeanor, punishable by imprisonment for not more than 1 year, or a fine of not more than \$1,000.00, or both, and if the person is an employee of the department shall be subject to immediate dismissal.

MDHHS and the LHD are liable for the violation of these statutes.

II. MDHHS' REVISED PROCESS REQUIRES IT TO CREATE DATA SUBJECT TO THE PROTECTIONS OF MICH. COMP. LAWS §§ 333.2601-333.2639

As noted, information collected by LHDs from parents seeking an exemption and entered into MCIR is protected by the MCIR statutes and rules. In addition, any information collected by LHDs pursuant to these meetings, including information inputted into the EHR, is also subject to the provisions of Mich. Comp. Laws §§ 333.2601-333.2639.

Mich. Comp. Laws § 333.2603(1) defines “Data” as “items of information made or received by the department which pertain to a condition, status, act, or omission, existing independently of the memory of an individual, whether the information is retrievable by manual or other means and whether or not coded. It includes the normal and computer art meanings of the word data. “Data system” is defined in subsection (2) as “an interrelated grouping of data for use by the department.”

Mich. Comp. Laws § 333.2613 requires MDHHS to “**define by rule**” the nature of data collected, compiled, processed, used, or shared by the department pursuant to and consistent with section 2611 (2).” Likewise, Mich. Comp. Laws § 333.2614 (c) requires that health department-created forms be “consistent with related local and federal requirements.” Subsection (e) requires the health department to establish procedures to govern the withholding and release of data as required by Mich. Comp. Laws § 333.2637. Additionally, as noted previously, Mich. Comp. Laws § 333.2611 (2) requires that MDHHS establish a policy consistent with the law that considers the interests cited therein.²⁰

MDHHS’ process forces parents prohibited from vaccinating their children for medical or religious reasons to provide the LHD with confidential health information, which is then entered into the LHD’s’ computer system as an EHR. This information is also entered into MCIR. MDHHS lacks the legal authority to usurp the opt-out provision of MCIR and to force a parent to become a patient of the LHD by permitting it to create an EHR. In addition, MDHHS’ process violates the statutory provisions cited herein.

III. ADDITIONAL STATE AND FEDERAL CONFIDENTIALITY LAWS

In addition to the state statute cited *supra*, other state and federal confidentiality laws protect a student’s private information from disclosure.

A. *Health Insurance Portability and Accountability Act*

HIPAA includes an LHD as covered under the Act.²¹ The HIPAA Privacy Rule requires covered entities to protect individuals’ health records and other identifiable health information by

²⁰ See § I.B. and accompanying notes.

²¹ See 45 C.F.R. § 160.103 stating that a “[h]ealth care provider means a provider of services (as defined in section 1861 of the Act, 42 U.S.C. § 1395x(u)), a provider of medical or health services (as defined in section 1861(s) of the

requiring appropriate safeguards to protect privacy and setting limits and conditions on the uses and disclosures without patient authorization. During the required exemption appointment, the LHD collects data for its use²² and creates an EHR. In doing so, the LHD is required to comply with HIPAA. Thus, the LHD must advise the parent in advance of disclosure with an opportunity to agree, prohibit, or restrict the use or disclosure per HIPAA.²³ Absent such notification and permission, the LHD is prohibited from providing protected health information to the child's school. In fact, 45 C.F.R. § 164.512, specifically (b)(vi), limits disclosure to "proof of immunization" and requires parental consent. That statute states:

A covered entity may use or disclose protected health information for the public health activities and purposes described in this paragraph to:

(vi) A school, about an individual who is a student or prospective student of the school, if:

(A) The protected health information that is disclosed is limited to **proof of immunization**;

(B) The school is required by State or other law to have such proof of immunization prior to admitting the individual; and

(C) The **covered entity obtains and documents the agreement** to the disclosure from either:

(1) A parent, guardian, or other person acting in loco parentis of the individual, if the individual is an unemancipated minor; or

(2) The individual, if the individual is an adult or emancipated minor.

The LHD violates the statute by creating an EHR and sharing that vaccine exemption information with the child's school without a HIPAA waiver. Furthermore, some LHDs (i.e., Wayne County) now require that parents submit the signed exemption form via email. This process is not secure and does not protect private health information, as HIPAA requires.

Act, 42 U.S.C. § 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business."

²² "Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information." 45 C.F.R. § 160.103.

²³ 46 C.F.R. § 164.510.

B. Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (“**FERPA**”) is a Federal law that protects the privacy of students’ “education records.”²⁴ FERPA applies to educational agencies and institutions that receive funds under any program administered by the U.S. Department of Education. This includes virtually all public schools and school districts. A school subject to FERPA may not have a policy or practice of disclosing student’s education records, or personally identifiable information from education records, without a parent or eligible student’s written consent.²⁵ The term “education records” is broadly defined and includes the student’s health records, including immunization records.²⁶ In addition, these records may not be shared with third parties without written parental consent unless the disclosure meets one of the exceptions to FERPA’s general consent requirement. Congress has provided no exception to FERPA’s general consent requirement that permits a school to provide routine disclosures of vaccination records to the LHD without parental consent unless the information is de-identified. Personally identifiable information (“**PII**”) ²⁷ is defined by FERPA as:

- (a) The student’s name;
- (b) The name of the student’s parent or other family members;
- (c) The address of the student or student’s family;
- (d) A personal identifier, such as the student’s social security number, student number, or biometric record;
- (e) Other indirect identifiers, such as the student’s date of birth, place of birth, and mother’s maiden name;
- (f) Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty; or
- (g) Information requested by a person who the educational agency or institution reasonably believes knows the identity of the student to whom the education record relates.

In addition, Mich. Comp. Laws § 333.9208 (1) requires the parent to submit the nonmedical exemption request to the school,²⁸ **which automatically makes the exemption and information therein protected by FERPA and prevents the school from disclosing it to the LHD.** In contrast, MDHHS now requires that a parent obtain the exemption from the LHD, and the LHD is creating an EHR and entering PII into MCIR, which removes FERPA protections that were granted by the statute.

²⁴ 20 U.S.C. § 1232g; 34 C.F.R. Part 99.

²⁵ 34 C.F.R. § 99.30.

²⁶ 34 C.F.R. § 99.3.

²⁷ 34 C.F.R. § 99.31 (b) (1).

²⁸ See also Mich. Comp. Laws § 380.1177 (1) (b) (same).

The FERPA Consent Flow Chart,²⁹ created by the Oakland County Health Department in 2019, serves as a visual aid in demonstrating how MDHHS' new process was specifically designed to deprive a child of FERPA rights and force parents to disclose to the LHD confidential information that it is not entitled to receive. For example, according to the flow chart, a school is prohibited from inputting PII or exemption information in MCIR for a child who is opted out of MCIR and has not provided FERPA consent. Similarly, the school is prohibited from adding any exemption information in MCIR for a child who has not opted out but has not provided FERPA consent. Undoubtedly, MDHHS intentionally circumvents FERPA protections by forcing parents to provide PII directly to the LHD and then enters the ill-gotten PII into MCIR. To be sure, the "Immunization Waiver Form"³⁰ required by MDHHS to claim the exemption requires that a parent provide the following PII directly to the LHD:

- (1) Student's Name;
- (2) Student's date of birth;
- (3) Parent's Name;
- (4) Address;
- (5) Phone Number; and
- (6) School.

MDHHS is acting outside of its legal authority by collecting and entering PII in MCIR and the EHR and is doing so to deprive students and parents of rights guaranteed by federal law and protected under the plain language of the Michigan statute.

IV. CONCLUSION

The LHDs inputting confidential information into MCIR regarding the exemption violates privacy laws. The LHD's creation of the EHR permits it to capture and store private information regarding the child and parent that it is not entitled by law to collect. Both processes exceed the legal authority of the LHD and violate HIPPA laws. To add insult to injury, the LHD is not disclosing to parents that it creates the EHR or inputs exemption information in MCIR and unlawfully refuses parents access to their information.

On the other hand, the existing statutory and rule process requires the parent to provide the exemption to the school, protecting the information from disclosure pursuant to FERPA. In turn, the school must report the exemption data to the LHD after removing PII to maintain the confidentiality of the parent and child. MDHHS' procedure violates all applicable statutes, rules, and privacy laws. **Therefore, MDHHS must immediately cease its illegal process for parents seeking a nonmedical exemption.**

We request a response by 5 PM EST on Friday, May 26, 2023, describing how MDHHS will immediately remediate each and every unlawful act described herein. Our client reserves all rights.

²⁹ See Attachment 5 (FERPA Flow Chart).

³⁰ Attachment 6 (Waiver Form).

Sincerely,


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Enclosures

ATTACHMENT

1



NONMEDICAL IMMUNIZATION WAIVER FORM

Important Information for Parents

New Electronic Process for Nonmedical Waiver Form:

- **The certified Nonmedical Immunization Waiver Form will be documented in the Michigan Care Improvement Registry (MCIR) system by the Local Health Department (LHD).**
- The parent/legal guardian can refuse the entry of the nonmedical waiver into the MCIR system.
- Personal information is protected, and confidentiality is taken very seriously by all authorized entities accessing the nonmedical waiver information.
- The electronic waiver can only be seen by authorized entities (LHD and schools/childcares).

Electronic Waiver: Documented in the MCIR system

- The parent/guardian no longer has to deliver the waiver to the school/childcare.
- The school/childcare will have immediate access to the electronic waiver obtained from the LHD.
- The waiver will follow the student/child and can easily be transferred to another school/childcare.
- The parent/guardian can obtain a paper copy of the electronic waiver by requesting it from the LHD.

Paper Waiver Form: Not documented in the MCIR system

- Waiver form utilized must be prescribed by the Michigan Department of Health and Human Services.
- Waiver must be certified by a State of Michigan LHD.
- When the paper form is utilized, it is the parent/guardian's responsibility to deliver and inform the school/childcare that they declined the entry of the waiver into the MCIR.

The following only applies to the paper copy of waiver form:

1. Invalid Waiver:

- If waiver was not obtained, issued and certified by a State of Michigan LHD.
- If certified waiver form is altered by adding and/or crossing out words or boxes.
- Schools/childcares will not accept altered forms.

2. Lost Waiver:

- The parent who received the education and original waiver is the only one who can make an appointment to obtain a replacement copy of the Waiver Form, unless a consent to share health information with others form is completed.
- The person coming in for a copy of the lost waiver must bring identification to the scheduled appointment.

Exclusion:

- Your child may be excluded from their school/childcare if a vaccine preventable disease outbreak for which they have a vaccine exemption occurs there.
- Exclusion can last for days, weeks, or months to control the outbreak, as determined by the local health department Medical Director.

ATTACHMENT

2

NEW MDHHS RULES IMPERMISSIBLY ENLARGES ITS AUTHORITY UNDER APPLICABLE STATUTES AND RESTRICT PARENTAL RIGHTS

Procedure	MDHHS Process	Statutory Process
Informational Session Required	Yes	No
Waiver protected from disclosure to MDHHS by FERPA	No	Yes
MCIR Opt-In Required	Yes	No
Waiver information inputted into MCIR	Yes	No
Parent and child are required to become a “patient” of LHD	Yes	No
LHD creates EHR for parent and child	Yes	No
Parent entitled to copy of exemption	No	Yes

ATTACHMENT

3

Local Health Department (LHD) Guide Non-Medical Waiver Documentation in MCIR

A guide for local health departments to record, edit, manage, and print the non-medical school and childcare waivers directly in an LHD MCIR site.

Table of Contents

- [Record Non-Medical Waiver Session in the MCIR](#)
- [Verify or Check the Entered Waiver on Person's MCIR Record in the MCIR](#)
- [Edit a Waiver from the LHD Waiver Roster in the MCIR](#)
- [Edit a Waiver from the Individual Immunization Record Status Tab in the MCIR](#)
- [Defining the Question Mark Icon on an Immunization Status page](#)
- [Print the documented Non-Medical Waiver from the LHD Waiver Roster](#)
- [Print the documented Non-Medical Waiver from the Individual Immunization Record Status Tab](#)

Record a Non-Medical Waiver Session in the MCIR

1. Search for the person by legal last, first name, date of birth using the **Add/Find** link in the Person section, (Figure 1).



The person's general information screen will appear, (Figure 2).

2. Select **Status**, (Figure 2).

The screenshot shows the MCIR Home Screen with a grid of menu items. The 'Person' menu item is highlighted with a red box. Other menu items include 'Reminder/Recall', 'School/Childcare', 'Vaccine Mgmt', 'VFC Program', 'My Site', 'Administration', 'Reports', and 'Other'.

Figure 1 – An LHD Site MCIR Home Screen

The screenshot shows the 'General Information' screen for a person named 'zzzStudent, Test'. The 'Status' link in the navigation bar is highlighted with a red box. The page includes fields for Name, Birthdate, Gender, Age, Jurisdiction, Address, Country, and County. It also has sections for 'High Risk Conditions' and 'Immunizations'.

Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
DTP/DTaP/	02/19/2010 DTaP, Hep B-	05/21/2010 DTaP, Hib, IPV	09/10/2010 DTaP, Hib, IPV	04/29/2011 DTaP	08/15/2014 DTaP, IPV	03/11/2021 Tdap	Up-To-Date

Figure 2 – Person's General Information Screen

- On the person's Immunization Status screen, navigate to the Non-Medical Waivers section near the bottom of the screen, (Figure 3).
- Click **Add New Waiver**, (Figure 3).

Immunization Status Person: zzzStudent, Test Birth Date: 12/12/2009 Provider: **Overdue** [Query View](#) [Print Help Home Exit](#)

Person Rem/Rcl Sch/CC VIM VFC My Site Adm Rpts Oth
 Add/Find Roster Add Imm Information Status History

Red indicates not approved for provider use. MCIR ID: 1

Personal Information/Status

Name	zzzStudent, Test	DOB	12/12/2009
Patient ID		Age	13 Years exactly

Assessment indicates that vaccinations are overdue and should be administered today if not medically contraindicated.

Administered Vaccine	Can be given today	Dose #	Accelerated	Recommended	Overdue
Td		7	03/11/2031	03/11/2031	05/08/2031
Polio	Series Complete				
MMR	Series Complete				
Hepatitis B	Series Complete				
Varicella	YES	2	09/12/2014	09/12/2014	12/12/2014
HPV	YES	1	12/12/2018	12/12/2020	12/12/2021
Hepatitis A	Series Complete				
Seasonal Influenza	YES	1	09/01/2022	09/01/2022	10/01/2022
Meningococcal	YES	1	12/12/2020	12/12/2020	12/12/2021
COVID-19 (Pfizer, Mod, Nova)	YES	1	06/17/2022	06/17/2022	06/17/2022

Non-Administrations/Titers Date Reason Entered By
 No non-administrations/titers found

Non-Medical Waivers

Report Year	DTaP	Polio	MMR	Hib	HepB	Var	PCV	Mening	Tdap	Td	Last Modified	Modified By
Add New Waiver												
No Waivers Found												

Add to Roster Unlock Person Reassess Person

Figure 3 – Person's Immunization Status Screen and the Add New Waiver Link highlighted

- From the Non-Medical Waiver Education screen, Select the vaccine series to be waived and leave the other vaccines as N/A, (Figure 4).

N/A automatically defaults when opening this screen.

Leave selection as N/A if waiver changes are not needed for the vaccine series.

Non-Medical Waiver Education Person: Birth Date: 12/12/2009 Provider: Overdue

Query View Print Help Home Exit

Person Rem/Rcl Sch/CC VIM VFC My Site Adm Rpts Oth

Add/Find Roster Add Imm Information Status History

Person Information MCIR ID :

Name: Birthdate: 12/12/2009 Sex: Age: 13 Years 2 Months

Resp. Party: Jurisdiction: No County Affiliation Primary Phone: Secondary Phone: Address Status: invalid

Address: 123 main st east lansing, MI 48823 Address Updated: 12/12/2022

Country: United States County: No County

Home Contact Information

Street* 123 main st

City* east lansing State* MI Postal Code* 48823

Primary Phone () -

Email

Waiver Information

Vaccine Series	Reason For Waiver
DTaP (Diphtheria, Tetanus, Pertussis)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Polio	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Hepatitis B	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
MMR (Measles, Mumps, Rubella)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
H.Influenza type b (Hib)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
PCV13 (Pneumococcal Conjugate)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Varicella (Chickenpox)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
MenACWY (Meningococcal Conjugate)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Tdap (Tetanus, Diphtheria, Pertussis)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Td (Tetanus, Diphtheria)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A

Reason: Please enter reason

Administration

Waiver Date * 02/22/2023

Parent/Guardian Signature *

Nurse/Administrator *

Submit Cancel

Figure 4 – Person’s Non-Medical Waiver Education Screen.

6. **Select the vaccine** series to be waived, (resulting from the LHD waiver education session).
7. **Choose and select the reason** for waiver and click on the bubble/radio button that matches the waived vaccine series, (Figure 5).
8. When selecting **Other**, (as a reason for vaccine waiver), a blank field will appear at the bottom of the Waiver Information Section under Reason.
9. Reason: Type and enter the reason in this field.

The Waiver Date is defaulted to the date the LHD MCIR user/waiver educator opens the Non-Medical Waiver Education Screen.

10. **Enter the Parent/Guardian signature** in the Parent/Guardian signature field, (Figure 5).
11. **Enter the Nurse/Administrator signature** in the nurse/administrator field, (Figure 5).
12. Click Submit

Waiver Information	
Vaccine Series	Reason For Waiver
DTaP (Diphtheria, Tetanus, Pertussis)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Polio	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Hepatitis B	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
MMR (Measles, Mumps, Rubella)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
H.Influenza type b (Hib)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
PCV13 (Pneumococcal Conjugate)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Varicella (Chickenpox)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
MenACWY (Meningococcal Conjugate)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Tdap (Tetanus, Diphtheria, Pertussis)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Td (Tetanus, Diphtheria)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A

Reason

Please enter reason

Administration

Waiver Date * 02/22/2023

Parent/Guardian Signature *

Nurse/Administrator *

Submit Cancel

Figure 5 – Waiver information screen displaying the default waiver date and report year entries.

Verify or Check the Entered Waiver on a Person's MCIR Record in the MCIR

1. From the LHD MCIR Home screen, search for the person by legal first and last name, and date of birth using the **Add/Find** link in the Person section, (Figure 1, [Page 1](#)).
2. On the person's general immunization record screen, select **Status**.



The Immunization Status screen appears, (Figure 6).

3. Non-Administrations are highlighted horizontally in a **PINK**-ish color under the Non-Administrations/Titers section with date, reason, and the LHD site that entered a waiver on this person's record, (Figure 6).



Immunization Status

Person: Birth Date: 12/12/2009
 Provider: Overdue

[Query](#) [Print Help](#)

[View](#) [Home](#) [Exit](#)

Person	Rem/Rcl	Sch/CC	VIM	VFC	My Site	Adm	Rpts	Oth
Add/Find	Roster	Add Imm	Information	Status	History			

Red indicates not approved for provider use.

MCIR ID: :

Personal Information/Status

Name	DOB	12/12/2009	
Patient ID	Age	13 Years 2 Months	Assessment indicates that vaccinations are overdue and should be administered today if not medically contraindicated.

Administered Vaccine	Can be given today	Dose #	Accelerated	Recommended	Overdue
Tdap	YES	6	12/12/2020	12/12/2020	12/12/2021
Polio	Series Complete				
MMR	Series Complete				
Hepatitis B	Series Complete				
Varicella	Series Complete				
HPV	YES	1	12/12/2018	12/12/2020	12/12/2021
Hepatitis A	Series Complete				
Seasonal Influenza	YES	1	09/01/2022	09/01/2022	10/01/2022
Meningococcal	YES	1	12/12/2020	12/12/2020	12/12/2021
COVID-19 (Pfizer, Mod, Nova)	YES	1	06/17/2022	06/17/2022	06/17/2022

Non-Administrations/Titers	Date	Reason	Entered By
Meningococcal Conjugate	02/22/2023	Other	Test LHD Provider Site

Non-Medical Waivers

Report Year	DTaP	Polio	MMR	Hib	HepB	Var	PCV	Mening	Tdap	Td	Last Modified	Modified By
2023	Washtenaw							O			02/22/2023	PDF

Add to Roster

Unlock Person

Reassess Person

Figure 6 -Immunization Status screen displaying Red highlighted non-Administrations documented as waived, with date and reason.

Edit a Non-Medical Waiver from the LHD Waiver Roster in the MCIR

1. From the LHD MCIR Home screen, Select **My Waivers**, (Figure 7).



Figure 7 – LHD MCIR Home Screen

2. The My Waivers screen and waiver roster displays with a list of all counties in the Local Health Department's jurisdiction, (Figure 8).
3. Specific County, and IP Type, (School/Childcare) can all be sorted from the dropdown fields, (Figure 8).
4. Select the County, and/or IP Type to view applicable waivers.
5. Select the waiver to edit, and Click **EDIT**, (Figure 8).

Edit and complete on the Non-Medical Education screen:

The Non-Medical Waiver Education screen appears, ([Figure 9](#), page 9).

- Edit the Reason for Waiver section by selecting the bubble/radio button.
- Enter the new waiver date, ([Figure 9](#)).
- Enter the parent/guardian signature, ([Figure 9](#)).

6. Click Submit

LHD MCIR users can only edit a waiver entered by that LHD county/jurisdiction where the original waiver was entered.

This figure displays individuals under the Local Health Department jurisdiction regarding ALL counties, ALL IP types and waiver year.

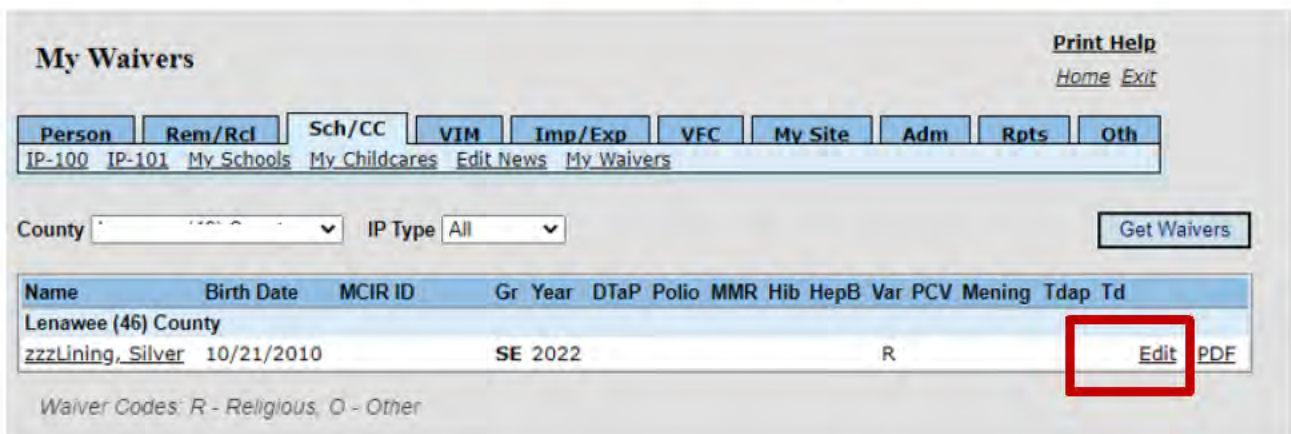


Figure 8-An LHD site displaying waivers entered by their jurisdiction for their jurisdiction.



When editing a waiver, NOTE all information previously entered will display, including the waived vaccine series, the reason, and the Nurse/Administrator Signature.

The date and the Parent/Guardian signature must be re-entered in the MCIR whenever a Non-Medical Waiver Education LHD Edit occurs, (Figure 9).

Non-Medical Waiver Education

Person: Birth Date: 12/12/2009 Provider: *Livestdie* [Query](#) [Print Help](#)
[View](#) [Home](#) [Exit](#)

Person Rem/Rcl Sch/CC VIM VFC My Site Adm Rpts Oth
[Add/Find](#) [Roster](#) [Add Imm](#) [Information](#) [Status](#) [History](#)

Person Information MCIR ID :

Name: Birthdate: 12/12/2009 Sex: Female
Age: 13 Years 2 Months
Resp. Party: Jurisdiction: County Primary Phone:
Address: Secondary Phone:
Address Status: Valid
Country: United States County: Address Updated: 08/03/2017

Home Contact Information

Street*
City* State* MI Postal Code*
Primary Phone () -
Email

Waiver Information

Vaccine Series	Reason For Waiver
DTaP (Diphtheria, Tetanus, Pertussis)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Polio	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Hepatitis B	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
MMR (Measles, Mumps, Rubella)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
H.Influenza type b (Hib)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
PCV13 (Pneumococcal Conjugate)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Varicella (Chickenpox)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
MenACWY (Meningococcal Conjugate)	<input type="radio"/> Religious <input checked="" type="radio"/> Other <input type="radio"/> N/A
Tdap (Tetanus, Diphtheria, Pertussis)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Td (Tetanus, Diphtheria)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A

Reason
Ingredients

Administration

Waiver Date *
Parent/Guardian Signature *
Nurse/Administrator * Nurse Name Signs Here

Submit Cancel

Figure 9 -Non-Medical Waiver Education Editing Screen displaying need for new date and Parent/Guardian signature

Edit a Non-Medical Waiver from an Immunization Record Status Tab in the MCIR

1. From the LHD MCIR Home screen, search for the person by legal first and last name, date of birth using the **Add/Find** link in the Person section, (Figure 1, [Page 1](#)).
2. From the person's immunization record, Select **Status**.
3. Scroll down to the Non-Medical Waivers Section, select to the reported waiver you would like to edit, (Figure 10).

Edit and complete on the Non-Medical Education screen:

- In this example, Click [2023 Washtenaw](#) (Figure 10).

The Non-Medical Waiver Education screen appears, ([Figure 12](#), page 12)

- Edit the Reason for Waiver section by selecting the bubble/radio button.
- Enter the new waiver date, ([Figure 12](#)).
- Enter the parent/guardian signature, ([Figure 12](#)).

4. Click Submit

Immunization Status

Person: Birth Date: 12/12/2009 Provider: *Cynthia Jones*

[Query View](#) [Print Help](#) [Home](#) [Exit](#)

Person Rem/Rcl Sch/CC VIM VFC My Site Adm Rpts Oth

[Add/Find](#) [Roster](#) [Add Imm](#) [Information](#) [Status](#) [History](#)

Red indicates not approved for provider use. MCIR ID:

Personal Information/Status

Name	DOB	12/12/2009	Assessment indicates that vaccinations are overdue and should be administered today if not medically contraindicated.		
Patient ID	Age	13 Years 2 Months			

Administered Vaccine	Can be given today	Dose #	Accelerated	Recommended	Overdue
Tdap	YES	6	12/12/2020	12/12/2020	12/12/2021
Polio	Series Complete				
MMR	Series Complete				
Hepatitis B	Series Complete				
Varicella	Series Complete				
HPV	YES	1	12/12/2018	12/12/2020	12/12/2021
Hepatitis A	Series Complete				
Seasonal Influenza	YES	1	09/01/2022	09/01/2022	10/01/2022
Meningococcal	YES	1	12/12/2020	12/12/2020	12/12/2021
COVID-19 (Pfizer, Mod, Nova)	YES	1	06/17/2022	06/17/2022	06/17/2022

Non-Administrations/Titers	Date	Reason	Entered By
Meningococcal Conjugate	02/22/2023	Other	Test LHD Provider Site

Non-Medical Waivers

Report Year	DTaP	Polio	MMR	Hib	HepB	Var	PCV	Mening	Tdap	Td	Last Modified	Modified By
2023 Washtenaw								O			02/22/2023	

[Add to Roster](#) [Unlock Person](#) [Reassess Person](#) [PDF](#)

Figure 10 -Person's Immunization Status page displaying non-Administrations/waivers previously entered.





Defining the Question Mark Icon on an Immunization Status page

Below is an Immunization Status page preview of an individual with multiple Reporting Year waivers, (Figure 11).

Hoovering over the QUESTION MARK will include text stating:

This 2022 Immunization Waiver issued in January 2023 is a valid waiver for school reporting.

Person: zzzDemonstration, Waiver
 Birth Date: 02/18/2009
 Provider: **Overdue**

Immunization Status [Query View](#) [Print Help](#) [Home](#) [Exit](#)

Person Rem/Rcl Sch/CC VIM VFC My Site Adm Rpts Oth
 Add/Find Roster Add Imm Information Status History

Red indicates not approved for provider use. MCIR ID:

Personal Information/Status

Name zzzDemonstration, Waiver DOB 02/18/2009
 Patient ID Age 14 Years

Assessment indicates that vaccinations are overdue and should be administered today if not medically contraindicated.

Administered Vaccine	Can be given today	Dose #	Accelerated	Recommended	Overdue
Td		7	04/09/2031	04/09/2031	06/07/2031
Polio	Series Complete				
MMR	Series Complete				
Hepatitis B	Series Complete				
Varicella	YES	1	10/10/2013	10/10/2013	10/10/2013
HPV	Series Complete				
Hepatitis A	Series Complete				
Seasonal Influenza	Season Complete				
Meningococcal	YES	1	02/18/2020	02/18/2020	02/18/2021
COVID-19 (Pfizer, Mod, Nova)	YES	1	06/17/2022	06/17/2022	06/17/2022

Non-Administrations/Titers	Date	Reason	Entered By
Varicella	01/24/2023	Other	MDHHS LHD ADMIN
Meningococcal Conjugate	01/24/2023	Other	MDHHS LHD ADMIN
Varicella	01/24/2023	Other	MDHHS LHD ADMIN
Meningococcal Conjugate	01/24/2023	Other	MDHHS LHD ADMIN

Non-Medical Waivers

Report Year	DTaP	Polio	MMR	Hib	HepB	Var	PCV	Mening	Tdap	Td	Last Modified	Modified By
2023 No County Affiliation						0	0				01/24/2023	PDF
2022 No County Affiliation						0	0				01/24/2023	PDF

This 2022 Immunization Waiver issued in January 2023 is a valid waiver for school reporting. [Person](#)

Figure 11: When hovering over the question mark bubble displaying the defined text.



When editing a waiver, NOTE all information previously entered will display, including the waived vaccine series, the reason, and the Nurse/Administrator Signature.

The date and the Parent/Guardian signature must be re-entered in the MCIR whenever a Non-Medical Waiver Education LHD Edit occurs, (Figure 12).

Non-Medical Waiver Education

Person: Birth Date: 12/12/2009
 Provider: Overdue

[Query](#) [Print Help](#)
[View](#) [Home](#) [Exit](#)

Person Rem/Rcl Sch/CC VIM VFC My Site Adm Rpts Oth
 Add/Find Roster Add Imm Information Status History

Person Information MCIR ID :

Name: Birthdate: 12/12/2009 Sex: Female
 Age: 13 Years 2 Months
 Resp. Party: Jurisdiction: County Primary Phone:
 Address: Secondary Phone:
 Address Status: Valid
 Country: United States County: Address Updated: 08/03/2017

Home Contact Information

Street*
 City* State* MI Postal Code*
 Primary Phone () -
 Email

Waiver Information

Vaccine Series	Reason For Waiver
DTaP (Diphtheria, Tetanus, Pertussis)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Polio	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Hepatitis B	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
MMR (Measles, Mumps, Rubella)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
H.Influenza type b (Hib)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
PCV13 (Pneumococcal Conjugate)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Varicella (Chickenpox)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
MenACWY (Meningococcal Conjugate)	<input type="radio"/> Religious <input checked="" type="radio"/> Other <input type="radio"/> N/A
Tdap (Tetanus, Diphtheria, Pertussis)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A
Td (Tetanus, Diphtheria)	<input type="radio"/> Religious <input type="radio"/> Other <input checked="" type="radio"/> N/A

Reason
 Ingredients

Administration

Waiver Date *
 Parent/Guardian Signature *
 Nurse/Administrator * Nurse Name Signs Here

Figure 12: Non-Medical Waiver Education Edition Screen displaying need for new date and Parent/Guardian signature.



3. Print the waiver as a PDF using the device/computer printing function, (Figure 15).

***For security purposes the waiver example is not displayed in full detail.**

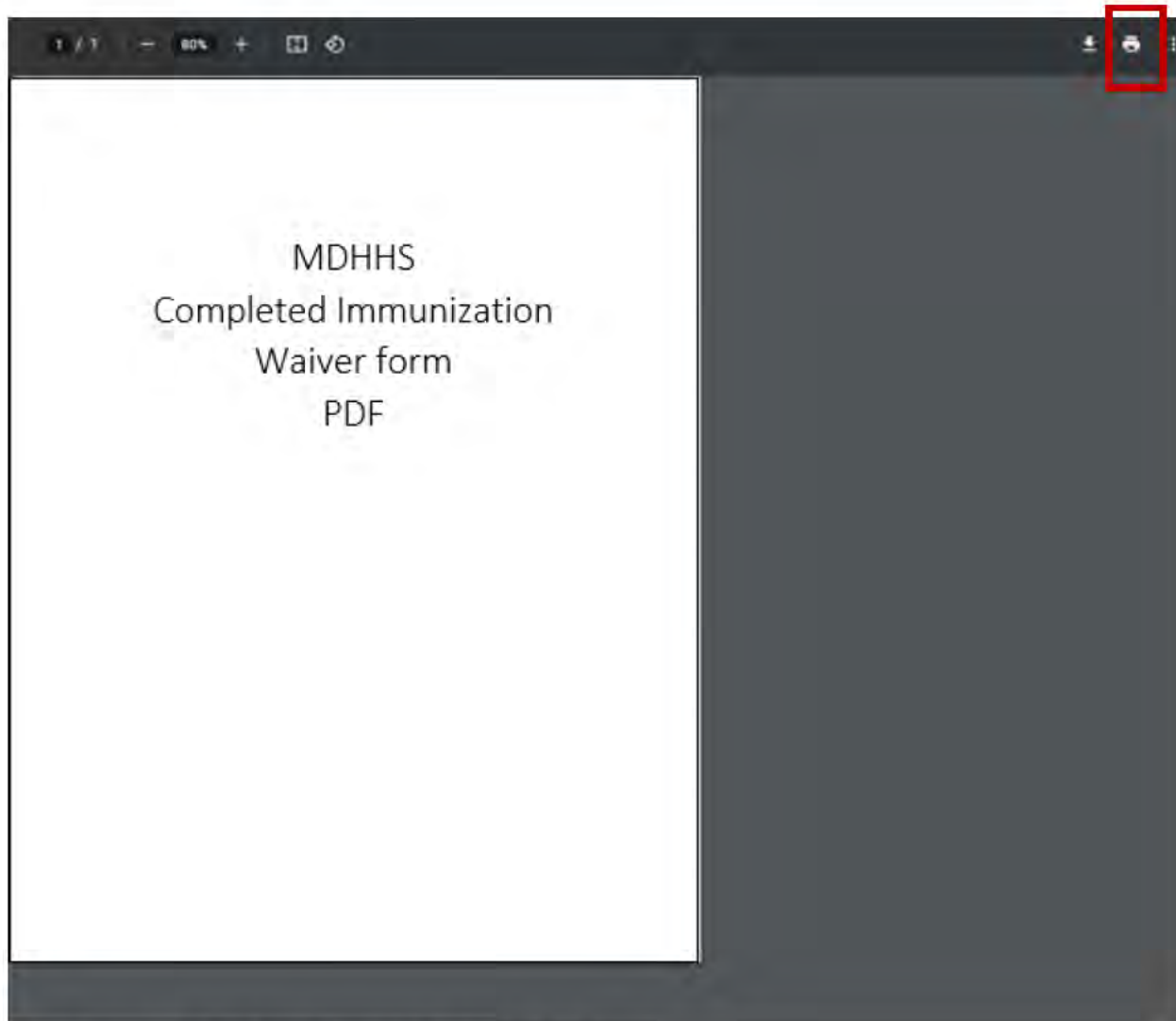


Figure 15 – Example of Waiver displaying as a PDF on the screen

Print a Non-Medical Documented Waiver from Immunization Record Status Tab

1. Search for the person by legal first and last name, date of birth using the **Add/Find** link in the Person section, ([Figure 1](#), page 1).
2. The person's general information screen will appear, click **Status**.
3. On the person's Immunization Status screen click **PDF** to print the waiver, (Figure 16).

Immunization Status Person: zzzStudent, Test
Birth Date: 12/12/2009
Provider: Overdue

[Query](#) [Print Help](#)
[View](#) [Home](#) [Exit](#)

Person **Rem/Rcl** **Sch/CC** **VIM** **VFC** **My Site** **Adm** **Rpts** **Oth**

[Add/Find](#) [Roster](#) [Add Imm](#) [Information](#) [Status](#) [History](#)

Red indicates not approved for provider use. MCIR ID:

Personal Information/Status

Name zzzStudent, Test DOB 12/12/2009
Patient ID Age 13 Years

Assessment indicates that vaccinations are overdue and should be administered today if not medically contraindicated.

Administered Vaccine	Can be given today	Dose #	Accelerated	Recommended	Overdue
Td		7	03/11/2031	03/11/2031	05/08/2031
Polio	Series Complete				
MMR	Series Complete				
Hepatitis B	Series Complete				
Varicella	YES	2	09/12/2014	09/12/2014	12/12/2014
HPV	YES	1	12/12/2018	12/12/2020	12/12/2021
Hepatitis A	Series Complete				
Seasonal Influenza	YES	1	09/01/2022	09/01/2022	10/01/2022
Meningococcal	YES	1	12/12/2020	12/12/2020	12/12/2021
COVID-19 (Pfizer, Mod, Nova)	YES	1	06/17/2022	06/17/2022	06/17/2022

Non-Administrations/Titers	Date	Reason	Entered By
Varicella	12/12/2022	Other	Test LHD Provider Site
Meningococcal Conjugate	12/12/2022	Other	Test LHD Provider Site

Non-Medical Waivers

Report Year	DTaP	Polio	MMR	Hib	HepB	Var	PCV	Mening	Tdap	Td	Last Modified	Modified By
Add New Waiver												
2022 Washtenaw						O		O			12/12/2022	PDF

[Add to Roster](#)
[Unlock Person](#)
[Reassess Person](#)

Figure 16 – Person's immunization status screen displaying Non-Medical Waivers and where to click to print the PDF

4. The completed waiver form will appear in a pop-up window on the screen as a PDF to print, (Figure 17).
5. Print the waiver as a PDF using the device/computer printing function, (Figure 17).

***For security purposes the waiver example is not displayed in full detail.**

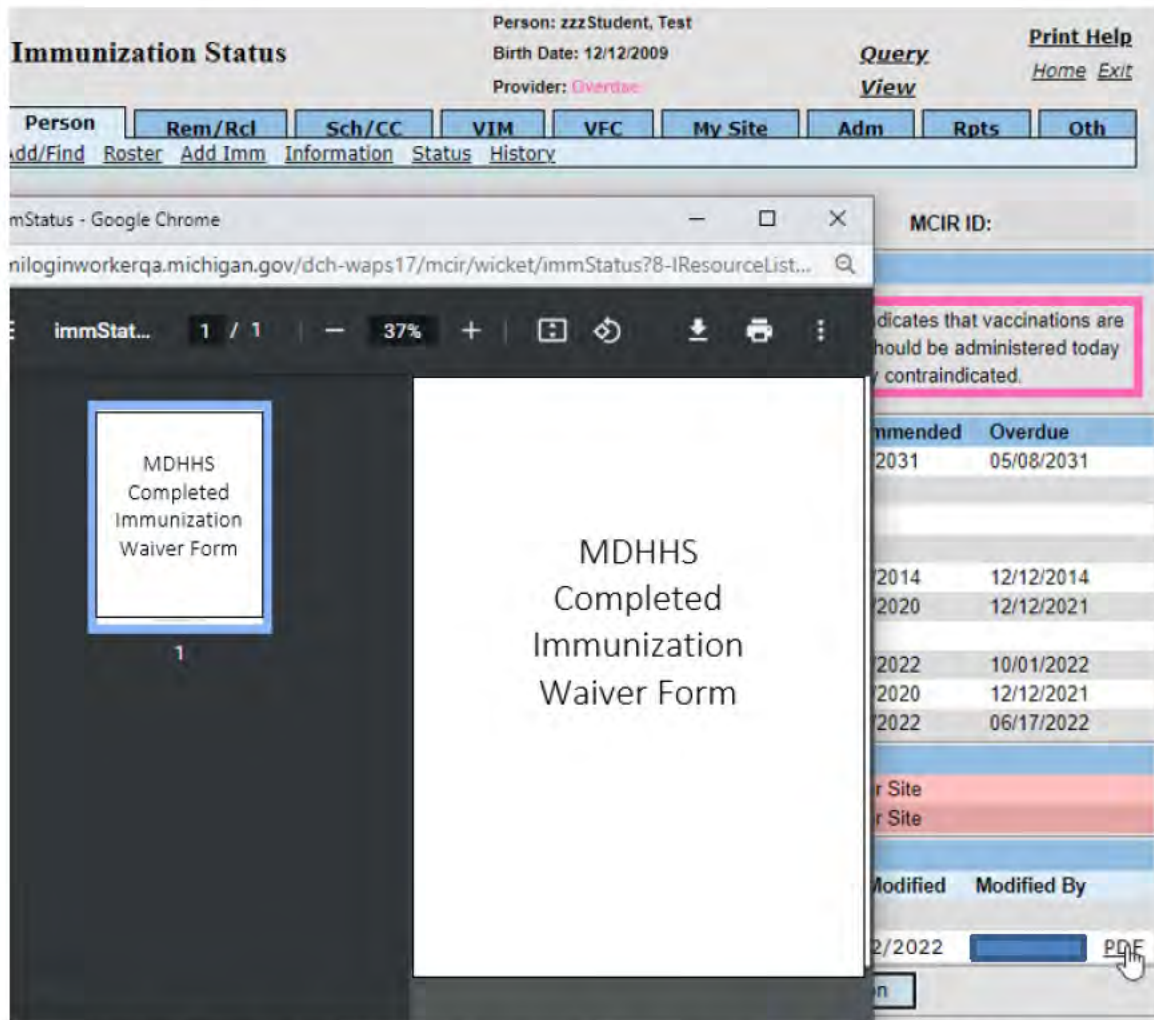


Figure 17 – Displaying the how the waiver form may Pop up on your screen after selecting PDF

Please note all screen shots are for training purposes only depicting instructional steps, and may not reflect a specific individual, specific immunization record, specific vaccine series or consistent date of birth or specific site or MCIR ID.*

END.

ATTACHMENT

4

VACCINE INFORMATION STATEMENT

DTaP (Diphtheria, Tetanus, Pertussis) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

DTaP vaccine can prevent **diphtheria, tetanus, and pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

DTaP may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called “GBS”)
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

In some cases, your child’s health care provider may decide to postpone DTaP vaccination until a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.

Your child’s health care provider can give you more information.



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4. Risks of a vaccine reaction

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

To allow medical care provider(s) accurate immunization status information, an immunization assessment, and a recommended schedule for future immunizations, information will be sent to the Michigan Care Improvement Registry. Individuals have the right to request that their medical care provider not forward immunization information to the Registry.

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



Polio Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Polio vaccine can prevent **polio**.

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis.

Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.

A smaller group of people will develop more serious symptoms that affect the brain and spinal cord:

- Paresthesia (feeling of pins and needles in the legs),
- Meningitis (infection of the covering of the spinal cord and/or brain), or
- Paralysis (can't move parts of the body) or weakness in the arms, legs, or both.

Paralysis is the most severe symptom associated with polio because it can lead to permanent disability and death.

Improvements in limb paralysis can occur, but in some people new muscle pain and weakness may develop 15 to 40 years later. This is called "post-polio syndrome."

Polio has been eliminated from the United States, but it still occurs in other parts of the world. The best way to protect yourself and keep the United States polio-free is to maintain high immunity (protection) in the population against polio through vaccination.

2. Polio vaccine

Children should usually get 4 doses of polio vaccine at ages 2 months, 4 months, 6–18 months, and 4–6 years.

Most **adults** do not need polio vaccine because they were already vaccinated against polio as children. Some adults are at higher risk and should consider polio vaccination, including:

- People traveling to certain parts of the world
- Laboratory workers who might handle poliovirus
- Health care workers treating patients who could have polio
- Unvaccinated people whose children will be receiving oral poliovirus vaccine (for example, international adoptees or refugees)

Polio vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Polio vaccine may be given at the same time as other vaccines.



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3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of polio vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone polio vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting polio vaccine.

Not much is known about the risks of this vaccine for pregnant or breastfeeding people. However, polio vaccine can be given if a pregnant person is at increased risk for infection and requires immediate protection.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

To allow medical care provider(s) accurate immunization status information, an immunization assessment, and a recommended schedule for future immunizations, information will be sent to the Michigan Care Improvement Registry. Individuals have the right to request that their medical care provider not forward immunization information to the Registry.

DCH-0470

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.

AUTH: P. H. S., Act 42, Sect. 2126.



Hepatitis B Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Hepatitis B vaccine can prevent **hepatitis B**. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant person has hepatitis B, their baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

Children and adolescents younger than 19 years of age who have not yet gotten the vaccine should be vaccinated.

Adults who were not vaccinated previously and want to be protected against hepatitis B can also get the vaccine.

Hepatitis B vaccine is also recommended for the following people:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term, monogamous relationship
- People seeking evaluation or treatment for a sexually transmitted disease
- Victims of sexual assault or abuse
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who live with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled people
- People living in jail or prison
- Travelers to regions with increased rates of hepatitis B



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- People with chronic liver disease, kidney disease on dialysis, HIV infection, infection with hepatitis C, or diabetes

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hepatitis B vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.

Pregnant or breastfeeding people should be vaccinated if they are at risk for getting hepatitis B. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Soreness where the shot is given or fever can happen after hepatitis B vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

To allow medical care provider(s) accurate immunization status information, an immunization assessment, and a recommended schedule for future immunizations, information will be sent to the Michigan Care Improvement Registry. Individuals have the right to request that their medical care provider not forward immunization information to the Registry.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



VACCINE INFORMATION STATEMENT

MMR Vaccine (Measles, Mumps, and Rubella): *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

MMR vaccine can prevent **measles, mumps, and rubella**.

- **MEASLES (M)** causes fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- **MUMPS (M)** causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- **RUBELLA (R)** causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a person gets rubella while they are pregnant, they could have a miscarriage or the baby could be born with serious birth defects.

Most people who are vaccinated with MMR will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

2. MMR vaccine

Children need 2 doses of MMR vaccine, usually:

- First dose at age 12 through 15 months
- Second dose at age 4 through 6 years

Infants who will be traveling outside the United States when they are between 6 and 11 months of age should get a dose of MMR vaccine before travel. These children should still get 2 additional doses at the recommended ages for long-lasting protection.

Older children, adolescents, and adults also need 1 or 2 doses of MMR vaccine if they are not already

immune to measles, mumps, and rubella. Your health care provider can help you determine how many doses you need.

A third dose of MMR might be recommended for certain people in mumps outbreak situations.

MMR vaccine may be given at the same time as other vaccines. Children 12 months through 12 years of age might receive MMR vaccine together with varicella vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of MMR or MMRV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks they might be pregnant—pregnant people should not get MMR vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Has ever had a **condition that makes him or her bruise or bleed easily**
- Has recently had a **blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

In some cases, your health care provider may decide to postpone MMR vaccination until a future visit.



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People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting MMR vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Sore arm from the injection or redness where the shot is given, fever, and a mild rash can happen after MMR vaccination.
- Swelling of the glands in the cheeks or neck or temporary pain and stiffness in the joints (mostly in teenage or adult women) sometimes occur after MMR vaccination.
- More serious reactions happen rarely. These can include seizures (often associated with fever) or temporary low platelet count that can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get MMR vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
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VACCINE INFORMATION STATEMENT

Varicella (Chickenpox) Vaccine:

What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Varicella vaccine can prevent varicella.

Varicella, also called “chickenpox,” causes an itchy rash that usually lasts about a week. It can also cause fever, tiredness, loss of appetite, and headache. It can lead to skin infections, pneumonia, inflammation of the blood vessels, swelling of the brain and/or spinal cord covering, and infections of the bloodstream, bone, or joints. Some people who get chickenpox get a painful rash called “shingles” (also known as herpes zoster) years later.

Chickenpox is usually mild, but it can be serious in infants under 12 months of age, adolescents, adults, pregnant people, and people with a weakened immune system. Some people get so sick that they need to be hospitalized. It doesn’t happen often, but people can die from chickenpox.

Most people who are vaccinated with 2 doses of varicella vaccine will be protected for life.

2. Varicella vaccine

Children need 2 doses of varicella vaccine, usually:

- First dose: age 12 through 15 months
- Second dose: age 4 through 6 years

Older children, adolescents, and adults also need 2 doses of varicella vaccine if they are not already immune to chickenpox.

Varicella vaccine may be given at the same time as other vaccines. Also, a child between 12 months and 12 years of age might receive varicella vaccine together with MMR (measles, mumps, and rubella) vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of varicella vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant** or thinks they might be pregnant—pregnant people should not get varicella vaccine
- Has a **weakened immune system**, or has a **parent, brother, or sister with a history of hereditary or congenital immune system problems**
- Is **taking salicylates** (such as aspirin)
- Has recently **had a blood transfusion or received other blood products**
- Has **tuberculosis**
- Has **gotten any other vaccines in the past 4 weeks**

In some cases, your health care provider may decide to postpone varicella vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting varicella vaccine.

Your health care provider can give you more information.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

4. Risks of a vaccine reaction

- Sore arm from the injection, redness or rash where the shot is given, or fever can happen after varicella vaccination.
- More serious reactions happen very rarely. These can include pneumonia, infection of the brain and/or spinal cord covering, or seizures that are often associated with fever.
- In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get varicella vaccine.

It is possible for a vaccinated person to develop a rash. If this happens, the varicella vaccine virus could be spread to an unprotected person. Anyone who gets a rash should stay away from infants and people with a weakened immune system until the rash goes away. Talk with your health care provider to learn more.

Some people who are vaccinated against chickenpox get shingles (herpes zoster) years later. This is much less common after vaccination than after chickenpox disease.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

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DCH-0451

Vaccine Information Statement
Varicella Vaccine

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AUTH: P. H. S., Act 42, Sect. 2126.

42 U.S.C. § 300aa-26

8/6/2021

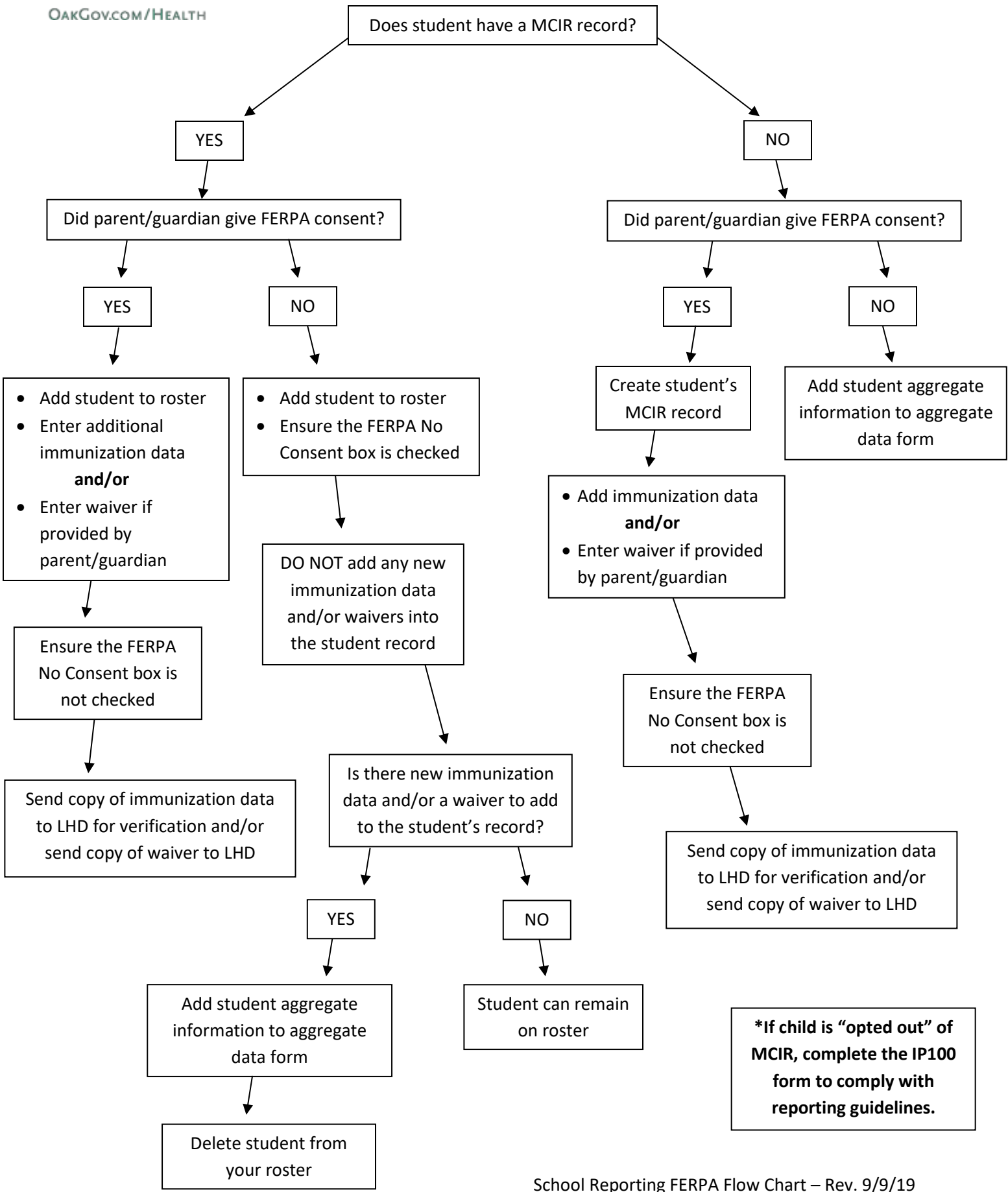
OFFICE
USE
ONLY



ATTACHMENT

5

**Immunization Reporting for Kindergarten,
7th grade, and New to District**



ATTACHMENT

6



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

2019 IMMUNIZATION WAIVER FORM

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 a written statement 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:

I object to having my child, _____, born _____, immunized with the vaccines I have checked below: (*First & Last Name) (*Birth Date)

- DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis)
Polio
Hepatitis B
MMR (Measles, Mumps, Rubella)
Haemophilus influenzae type b
Pneumococcal Conjugate
Varicella (chickenpox)
Meningococcal Conjugate

*Reason: _____

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

*Address: _____ Telephone: _____

*Preschool Program or Licensed Day Care Center OR School Name

*Parent or Guardian's Signature *Date Signed

*Local Health Department Signature Stamp *Date Signed

Make a copy and file in the child's permanent record

*Required fields

DCH-0716

AUTHORITY: P. A. 368 OF 1978, Part 92

Rev. January 1, 2019

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.