

VACCINATION EXEMPTION FOR EMPLOYMENT OR COLLEGE

VACCINE EXEMPTION FORM

I, _____, after considering the risks and benefits of the vaccine(s) do
(insert your name)
hereby decide not to receive the following vaccines:

- | | | |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Haemophilus influenzae type b | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella | |

Pursuant to my right to refuse vaccination on the statutory grounds of "other objection to immunization."

The term OR OTHER OBJECTION TO IMMUNIZATION means that you as an individual right to choose whether or not to be vaccinated. As with any medical decision, the decision to vaccinate or not is a right of the individual. The State of Michigan, your doctor and public health employees cannot force you to be vaccinated. You cannot be excluded from a public school or public program because you have exercised your right not to vaccinate.

I am providing a copy of the statement to my employer, college or university.

Date: _____

Your Signature _____

Making Informed Decisions

Your decision to vaccinate or not should be an informed decision. Vaccines can cause severe injuries including seizures, death, anaphylaxis, brain damage or minor reactions, which may include fever. The type and severity of reactions may vary from vaccine to vaccine. The effects of the vaccine injury may be temporary or permanent. If you notice any changes in you or your child's condition after the shot, you should contact your doctor immediately or go to a hospital. No vaccine is one hundred percent effective and you or your child may contract the disease even if you are vaccinated. The reaction rates and effectiveness of vaccines vary from vaccine to vaccine. You may even contract the disease from the vaccine if the vaccine contains a live virus like polio. The immunity provided by a vaccine decreases with time and you may need to be re-vaccinated periodically to continue immunity. You may choose to vaccinate yourself or your child with all available vaccines, some vaccines or no vaccines at all. Because the risks and benefits of each vaccination vary you should research as to each vaccine what the risks and benefits are.

You should provide a detailed history to the health provider of any health abnormalities you or your child may have prior to vaccinating especially if you or your child has had reactions to vaccines in the past, has a pre-existing neurological condition or is immune deficient. Under certain conditions the manufacturer or health care provider may recommend that your child not receive the vaccine or delay vaccination. You should also find out at what ages the vaccine is recommended to be administered.

Risks of Non-Vaccination

If you do not vaccinate yourself or your child, you or your child may be at a higher risk of contracting the disease than a vaccinated person. The disease may result in minor symptoms or severe complications including death. The nature and severity of complications will vary depending on the particular disease. The risks of contracting diseases may vary over time or by locality. The disease and some or all of the complications from the disease may be treatable by alternative methods like antibiotics or may resolve without treatment. Because the risks from each disease vary you should research the risks associated with the disease, the likelihood of contracting the disease and alternative methods of treating the disease.

For More Information

To make an informed decision there are numerous sources of information on the risks and benefits of the vaccine and the risks involved from the disease. Sources of information to determine if the risks associated with the vaccine outweigh the benefits include the package insert, physician desk reference, U.S. Centers for Disease Control and Prevention, public and medical libraries, state and local health agencies, the Food and Drug Administration, your health care providers, Michigan Opposing Mandatory Vaccines at (586) 447-2418 or www.momvaccines.org and the National Vaccine Information Center at (800) 909-SHOT or (703) 938-0342 or www/909shot.com.

Reporting Reactions

You should report vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS) at (800) 822-7967. If you do choose to vaccinate, make sure you receive the name of the vaccine manufacturer and the lot number. If you or your child has a vaccine injury, you or your child may be eligible for compensation under the National Vaccine Injury Compensation Act.

