Medical Exemption Statement

Form HES 101A
Montana Schools

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

For questions, contact the Montana Department of Immunizations at (406) 444-5580

A prospective student seeking to enroll in a Montana school is not required to receive any immunizations for which they are medically contraindicated. The Medical Exemption Statement, may be completed by a qualifying healthcare provider and utilized as an exemption. In lieu of this form, a written and signed statement from a qualifying healthcare provider will also be accepted under the conditions outlined in ARM 37.114.715.

Pursuant to HB 334 (Ch. 294, L. 2021), a qualifying healthcare provider means a person who: (1) is licensed, certified, or authorized in any U.S. State or Canada to provide health care; (2) is authorized within the person's scope of practice to administer the immunization(s) to which the exemption applies; and (3) has previously provided health care to the student *or* has administered a vaccine to which the student has had an adverse reaction. Once completed, this form should be filed at the student's school along with their most current immunization record.

_____ **Parent/Guardian Name:** _____

Student Address:_____ **Student Date of Birth:** _____

Select the vaccine(s) needing medical exemption, then provide a brief description of the contraindication or precaution for each vaccine:

- ☐ DTaP (Diphtheria, Tetanus, and Pertussis)
- ☐ Tdap (Diphtheria, Tetanus, and Pertussis)
- ☐ Varicella (Chickenpox)
- ☐ Hib (*Haemophilus influenzae* type b)
- ☐ MMR (Measles, Mumps, and Rubella)
- ☐ IPV (Polio)
- ☐ Other: _____

Contraindication/Precaution:

_____

_____

_____

_____

A complete list of medical contraindications and precautions can be found on the Centers for Disease Control and Prevention's website: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Duration of exemption: _____

Provider's Name (print): _____ **Title:** _____ **Phone:** _____

Address: _____

Provider's Signature: _____ **Date:**_____

Montana Code Annotated
20-5-403: MT School Immunization Requirements, Immunization Records
20-5-405: MT School Immunization Requirements, Exemptions

Administrative Rules of Montana
37.114.701-721: Immunization of K-12, Preschool, and Post-Secondary Schools