

# HOUSE BILL No. 5361

February 16, 2016, Introduced by Reps. Hovey-Wright, Brinks, Plawecki, Chang, Singh, Zemke, LaVoy, Rutledge, Greig, Faris, Gay-Dagnogo, Byrd, Banks, Darany, Potvin and Pagel and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
by amending section 9215 (MCL 333.9215).

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1           Sec. 9215. (1) A child is exempt from the requirements of this  
2 part as to a specific immunization for any period of time as to  
3 which a physician certifies **ON A COMPLETED MEDICAL CONTRAINDICATION**  
4 **FORM AS PRESCRIBED IN THIS SECTION** that a specific immunization is  
5 or may be detrimental to the child's health or is not appropriate.

6           (2) A child is exempt from this part if a parent, guardian, or  
7 person in loco parentis of the child presents a ~~written statement~~  
8 **COMPLETED NONMEDICAL IMMUNIZATION WAIVER FORM AS PRESCRIBED IN THIS**  
9 **SECTION** to the administrator of the child's school or operator of

1 the group program to the effect that the requirements of this part  
2 cannot be met because of religious convictions or other objection  
3 to immunization. THE NONMEDICAL IMMUNIZATION WAIVER FORM MUST BE  
4 OBTAINED IN PERSON FROM A LOCAL HEALTH DEPARTMENT BY THE PARENT,  
5 GUARDIAN, OR PERSON IN LOCO PARENTIS OF A CHILD AND, SUBJECT TO  
6 THIS SUBSECTION, THE NONMEDICAL IMMUNIZATION WAIVER FORM MUST BE  
7 SIGNED BY THE PARENT, GUARDIAN, OR PERSON IN LOCO PARENTIS OF THE  
8 CHILD AND WITNESSED BY A LOCAL HEALTH OFFICER. BEFORE WITNESSING  
9 THE SIGNATURE OF A PARENT, GUARDIAN, OR PERSON IN LOCO PARENTIS OF  
10 A CHILD ON THE NONMEDICAL IMMUNIZATION WAIVER FORM DESCRIBED IN  
11 THIS SECTION, THE LOCAL HEALTH OFFICER SHALL INFORM THE PARENT,  
12 GUARDIAN, OR PERSON IN LOCO PARENTIS OF THE CHILD ON THE RISKS OF  
13 NOT RECEIVING THE VACCINE BEING WAIVED BY THE PARENT, GUARDIAN, OR  
14 PERSON IN LOCO PARENTIS OF THE CHILD AND THE BENEFITS OF  
15 IMMUNIZATIONS TO THE CHILD AND THE COMMUNITY.

16 (3) THE DEPARTMENT SHALL CREATE A MEDICAL CONTRAINDICATION  
17 FORM THAT MUST BE USED BY A PHYSICIAN WHO CERTIFIES THAT A SPECIFIC  
18 IMMUNIZATION IS OR MAY BE DETRIMENTAL TO A CHILD'S HEALTH OR IS NOT  
19 APPROPRIATE. THE DEPARTMENT SHALL INCLUDE ON THE MEDICAL  
20 CONTRAINDICATION FORM AT LEAST ALL OF THE FOLLOWING:

21 (A) A STATEMENT THAT THE LAWS OF THIS STATE REQUIRE THAT A  
22 CHILD ENROLLED IN A SCHOOL OR A GROUP PROGRAM BE IMMUNIZED AGAINST  
23 THE DISEASES SPECIFIED BY THE DEPARTMENT UNLESS AN EXEMPTION  
24 APPLIES.

25 (B) A STATEMENT THAT A CHILD IS EXEMPT FROM A SPECIFIC  
26 IMMUNIZATION FOR ANY PERIOD OF TIME AS TO WHICH A PHYSICIAN  
27 CERTIFIES THAT THE SPECIFIC IMMUNIZATION IS OR MAY BE DETRIMENTAL

1 TO THE CHILD'S HEALTH OR IS NOT APPROPRIATE.

2 (C) A STATEMENT THAT A CHILD WITH A MEDICAL CONTRAINDICATION  
3 TO A VACCINATION IS CONSIDERED SUSCEPTIBLE TO A VACCINE-PREVENTABLE  
4 DISEASE AND THE CHILD MAY BE EXCLUDED FROM THE CHILD'S SCHOOL OR  
5 GROUP PROGRAM IF AN OUTBREAK OF THAT DISEASE OCCURS IN THE SCHOOL  
6 OR GROUP PROGRAM.

7 (D) A SPACE FOR THE PRINTED NAME AND DATE OF BIRTH OF THE  
8 CHILD.

9 (E) A SPACE FOR THE PRINTED NAME OF THE CHILD'S SCHOOL OR  
10 GROUP PROGRAM.

11 (F) A SPACE FOR THE PRINTED NAME, ADDRESS, AND TELEPHONE  
12 NUMBER OF THE PHYSICIAN SIGNING THE MEDICAL CONTRAINDICATION FORM.

13 (G) A SPACE FOR THE SIGNATURE OF THE PHYSICIAN.

14 (H) A SPACE FOR THE PHYSICIAN TO IDENTIFY THE VACCINE THAT IS  
15 MEDICALLY CONTRAINDICATED.

16 (I) A SPACE FOR THE PHYSICIAN TO DESCRIBE THE REASON FOR THE  
17 EXEMPTION.

18 (J) A SPACE FOR THE PHYSICIAN TO INDICATE THE DATE THAT THE  
19 EXEMPTION EXPIRES.

20 (4) THE DEPARTMENT SHALL CREATE A NONMEDICAL IMMUNIZATION  
21 WAIVER FORM THAT MUST BE USED BY A PARENT, GUARDIAN, OR PERSON IN  
22 LOCO PARENTIS OF A CHILD WHO CLAIMS AN EXEMPTION FOR A CHILD FROM  
23 THE IMMUNIZATION REQUIREMENTS OF THIS PART BASED ON A RELIGIOUS  
24 CONVICTION OR OTHER OBJECTION TO IMMUNIZATION. THE DEPARTMENT SHALL  
25 INCLUDE ON THE NONMEDICAL IMMUNIZATION WAIVER FORM AT LEAST ALL OF  
26 THE FOLLOWING:

27 (A) INSTRUCTIONS TO THE PARENT, GUARDIAN, OR PERSON IN LOCO

1 PARENTIS OF THE CHILD THAT SECTIONS 9208 AND 9211 REQUIRE THE  
2 PARENT, GUARDIAN, OR PERSON IN LOCO PARENTIS OF THE CHILD TO SUBMIT  
3 TO SCHOOL OFFICIALS OR THE OPERATOR OF THE CHILD'S GROUP PROGRAM  
4 EITHER A CERTIFICATE OF IMMUNIZATION VERIFYING THAT THE CHILD HAS  
5 BEEN IMMUNIZED AGAINST THE DISEASES SPECIFIED BY THE DEPARTMENT OR  
6 A WRITTEN STATEMENT INDICATING A RELIGIOUS CONVICTION OR OTHER  
7 OBJECTION TO IMMUNIZATION.

8 (B) A SPACE FOR THE PRINTED NAME AND DATE OF BIRTH OF THE  
9 CHILD.

10 (C) A SPACE FOR THE PARENT, GUARDIAN, OR PERSON IN LOCO  
11 PARENTIS OF THE CHILD TO IDENTIFY THE VACCINE FOR WHICH THE PARENT,  
12 GUARDIAN, OR PERSON IN LOCO PARENTIS OBJECTS.

13 (D) A SPACE FOR THE PARENT, GUARDIAN, OR PERSON IN LOCO  
14 PARENTIS OF THE CHILD TO DESCRIBE HIS OR HER RELIGIOUS CONVICTION  
15 OR OTHER OBJECTION TO IMMUNIZATION.

16 (E) A SPACE FOR THE PRINTED NAME, ADDRESS, AND TELEPHONE  
17 NUMBER OF THE PARENT, GUARDIAN, OR PERSON IN LOCO PARENTIS OF THE  
18 CHILD SIGNING THE NONMEDICAL IMMUNIZATION WAIVER FORM.

19 (F) A SPACE FOR THE PRINTED NAME OF THE CHILD'S SCHOOL OR  
20 GROUP PROGRAM.

21 (G) A STATEMENT INDICATING THAT THE CHILD MAY BE EXCLUDED FROM  
22 THE CHILD'S SCHOOL OR GROUP PROGRAM IF THE LOCAL HEALTH DEPARTMENT  
23 OR THE DEPARTMENT RECOMMENDS EXCLUDING THE CHILD AS A DISEASE  
24 CONTROL MEASURE.

25 (H) A STATEMENT THAT, BY SIGNING THE NONMEDICAL IMMUNIZATION  
26 WAIVER FORM, THE PARENT, GUARDIAN, OR PERSON IN LOCO PARENTIS OF  
27 THE CHILD ACKNOWLEDGES THAT THE CHILD AND OTHERS MAY BE AT RISK OF

1 SERIOUS ILLNESS IF THE CHILD CONTRACTS A DISEASE THAT COULD HAVE  
2 BEEN PREVENTED THROUGH PROPER IMMUNIZATION.

3 (I) A SPACE FOR THE SIGNATURE OF THE PARENT, GUARDIAN, OR  
4 PERSON IN LOCO PARENTIS OF THE CHILD.

5 (J) A SPACE FOR THE SIGNATURE OF THE LOCAL HEALTH OFFICER WHO  
6 WITNESSED THE SIGNATURE OF THE PARENT, GUARDIAN, OR PERSON IN LOCO  
7 PARENTIS OF THE CHILD, INCLUDING A CERTIFICATION THAT THE LOCAL  
8 HEALTH OFFICER PROVIDED THE INFORMATION REQUIRED UNDER SUBSECTION  
9 (2) TO THE PARENT, GUARDIAN, OR PERSON IN LOCO PARENTIS OF THE  
10 CHILD.

11 (5) THE DEPARTMENT SHALL PROVIDE TO ALL LOCAL HEALTH  
12 DEPARTMENTS THE NONMEDICAL IMMUNIZATION WAIVER FORM CREATED UNDER  
13 SUBSECTION (4).

14 Enacting section 1. This amendatory act takes effect 90 days  
15 after the date it is enacted into law.

16 Enacting section 2. This amendatory act does not take effect  
17 unless Senate Bill No. \_\_\_\_ or House Bill No. 5362 (request no.  
18 02687'15 a) of the 98th Legislature is enacted into law.