Medical Exemption Statement

Form HES 101A Montana Schools



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.

Student Name: Student Address:		Parent/Guardian Name:			
		Student Date of Birth:			
	the vaccine(s) needing medical exemption, then partion for each vaccine:	provide a bri	ef descript	ion of the contraindication or	
	DTaP (Diphtheria, Tetanus, and Pertussis)		MMR (Me	easles, Mumps, and Rubella)	
	Tdap (Diphtheria, Tetanus, and Pertussis)		IPV (Polio)	
	Varicella (Chickenpox)		Other:		
	Hib (Haemophilus influenzae type b)				
https://v	ete list of medical contraindications and precautions can be found on www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.	<u>html</u> .	isease Control	and Prevention's website:	
Durat	ion of exemption:				
Provid	der's Name (print):	Tit	:le:	Phone:	
Addre	ess:			-	
	ider's Signature:			Date:	

Montana Code Annotated

Administrative Rules of Montana

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