

Thank you for your request for a medical exemption. Enclosed is an extensive packet, which includes the following forms:

1. Vaccine Reaction History Form
2. “Two Timelines” Form
3. Autoimmune Disease Questionnaire
4. Allergic Disorder Questionnaire

1. The **Vaccine Reaction History** requests information regarding vaccine reactions for the patient as well as for anyone in the patient’s family. If there has been a vaccine reaction in a family member, a separate sheet of paper should be used to address each individual who has experienced a vaccine reaction.

2. The **“Two Timelines” Form** asks for dates of any vaccination, as well as any reaction to that vaccine; this can include an illness, allergic reaction and/or a behavioral or learning disorder. This information needs to be given in chronological order. On one side of the page you put the date of the vaccine, and on the other side, you put any vaccine reaction, illness, allergy, and/or behavioral or learning disorder. This allows you to assess any temporal relationships between the date a vaccine was given and any subsequent development of an illness, learning problems, etc.

3. The **Auto-immune Disease Questionnaire** asks you to check off any auto-immune disease in ANY family member – in addition, indicate (in the box next to the disease) who that family member is. (aunt, uncle, etc.)

There are 9 pages in total. Take your time and be as thorough as possible. We ask that you fill out all of the paperwork beforehand, so it can be brought to your first appointment.

Please also **bring a copy of the vaccination record**, if available.

Thanks,

Tiffany Baer, MD  
Health Medicine Center

*Questionnaire to consider partial or complete medical exemption from vaccination*

**VACCINE REACTION HISTORY** (2 pages)

This form should be copied and completed **for each vaccine reaction**, whether it is for the patient or a relative of the patient.

Individual for whom exemption is requested:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Did mother receive vaccines during pregnancy? Which one(s)? \_\_\_\_\_

Is the patient living with a person who is immune-suppressed? Diagnosis? \_\_\_\_\_

Is the patient currently ill with acute or chronic illness? Diagnoses? \_\_\_\_\_

Are there known genetic mutations (VDR, COMT, MTHFR,...) in the patient?

\_\_\_\_\_

**If this vaccine reaction history is for a relative of the patient (sibling, parent, cousin, aunt, uncle, grand-parent - maternal or paternal) give first name, age at time of vaccine reaction, and relation to patient:**

\_\_\_\_\_

\_\_\_\_\_

Did mother receive vaccines during pregnancy? Which one(s)? \_\_\_\_\_

Are there known genetic mutations (VDR, COMT, MTHFR,...)? \_\_\_\_\_

\_\_\_\_\_

Name(s) of vaccine(s) \_\_\_\_\_ Date given \_\_\_\_\_

Describe circumstances of reaction, severity (include hospitalizations, ER visits, medications required,) and impact on daily life. Indicate time lapse between vaccine and onset of symptoms or diagnosis. Use more pages as needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VACCINE REACTION HISTORY – Page 2**

Individual for whom exemption is requested:

Name \_\_\_\_\_ DOB \_\_\_\_\_

First name of relative, if this is about a relative's vaccine reaction \_\_\_\_\_

**CIRCLE ALL THAT APPLY:**

**Brain and nervous system inflammation:**

Fever    Screaming (high pitched or Inconsolable?)    Excessive sleepiness    Fainting    Coma  
Arching back    Seizure disorder or febrile seizures    Guillain-Barre Syndrome diagnosed Encephalitis  
or meningitis diagnosed (inflammation of the brain)    Limpness (hypotonia)    Tight muscles  
(hypertonia)    Loss of achieved developmental milestone (smile, focus, vocalization, speech, walk, talk,  
play games, socialization, global developmental delay)    Onset neurological or behavioral issues  
(aggression, depression, anxiety, withdrawal, self-destructive or selfstimulating behavior, visual  
disturbance, incoordination, tics, Attention Deficit Hyperactivity Disorder, learning disability, Autism  
spectrum diseases (Aspergers, Pervasive Developmental Delay, etc.)  
Other (describe, indicate duration or if permanent) \_\_\_\_\_

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**Immune system or organ inflammation:**

Death (including Sudden Infant Death Syndrome)    Anaphylaxis (what was required to resuscitate?)  
Signs of vaccine illness (rash, whoop, diarrhea, ...)    Hepatitis    Deltoid bursitis (frozen shoulder,  
characterized by shoulder pain and loss of motion)    Pneumonia    Asthma (severity? Hospitalizations  
required?)    Other respiratory problems    Ear infections (one or chronic?)    Other chronic or recurrent  
infection    Allergies (food? Peanuts? Medicines? How severe?)    Autoimmune disease (Juvenile  
Rheumatoid Arthritis, Rheumatoid Arthritis, Lupus, Kawasaki's disease, Idiopathic thrombocytopenic  
purpura, Fibromyalgia, Chronic Fatigue Syndrome, Hashimoto's thyroiditis, Diabetes requiring insulin,  
Multiple Sclerosis, Crohn's disease, Celiac disease  
Other (date of diagnosis and duration of symptoms or permanent) \_\_\_\_\_

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**Malignancy**

Mesothelioma    Osteosarcoma    Medulloblastoma    Ependymoma    Choroid plexus papilloma  
Other (date of diagnosis, treatment, outcome) \_\_\_\_\_

**WERE ANY FURTHER VACCINES GIVEN? WHICH ONES? WHAT HAPPENED?**

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*Questionnaire for considering medical exemption from vaccination*

**TWO TIMELINES (2 pages)**

Date: \_\_\_\_\_ Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent name: \_\_\_\_\_

*In the left side timeline, write out how the health of your child was over time.*

*Do this also for **any relative of your child who has a chronic illness, whether you suspect a vaccine injury or not.***

*Medical records are helpful.*

*Do the left timeline **first** in order to be as objective as possible. .*

*Then write out the vaccination dates given on the right.*

*Connect the dots.*

*Here is an example of what a part of the two timelines might look like when next to one another.*

**Health history over time**

**Vaccination: dates given**

***Pregnancy:*** no complaints

Mom rec'd flu vacc and Td 10/11/11

***Birth*** 11/11/11 healthy

Vit K and Hep B at birth

***1 day old*** colicky, poor suck

***6 wk old*** high fever, screaming after shots

12/26/11 baby shots given

***7 wk old*** ear infection, antibiotics

***;3 mo*** high fever, screamed after shots, to ER\*

2/15/12 baby shots given

\*separate sheet explains ER events and findings



**AUTOIMMUNE DISEASE (2 pages)**

*Please circle all that apply and indicate family member*

**Patient Name:** \_\_\_\_\_

<b>Autoimmune Disorder</b>	<b>Family Member</b>	<b>Autoimmune Disorder</b>	<b>Family member</b>
<a href="#"><u>Acute Disseminated Encephalomyelitis (ADEM)</u></a>		<a href="#"><u>Chronic inflammatory demyelinating polyneuropathy (CIDP)</u></a>	
<a href="#"><u>Acute necrotizing hemorrhagic leukoencephalitis</u></a>		<a href="#"><u>Chronic recurrent multifocal osteomyelitis (CRMO)</u></a>	
<a href="#"><u>Addison's disease</u></a>		<a href="#"><u>Churg-Strauss syndrome</u></a>	
<a href="#"><u>Agammaglobulinemia</u></a>		<a href="#"><u>Cicatrical pemphigoid/benign mucosal pemphigoid</u></a>	
<a href="#"><u>Alopecia areata</u></a>		<a href="#"><u>Crohn's disease</u></a>	
<a href="#"><u>Amyloidosis</u></a>		<a href="#"><u>Cogans syndrome</u></a>	
<a href="#"><u>Ankylosing spondylitis</u></a>		<a href="#"><u>Cold agglutinin disease</u></a>	
<a href="#"><u>Anti-GBM/Anti-TBM nephritis</u></a>		<a href="#"><u>Congenital heart block</u></a>	
<a href="#"><u>Antiphospholipid syndrome (APS)</u></a>		<a href="#"><u>Coxsackie myocarditis</u></a>	
<a href="#"><u>Autoimmune angioedema</u></a>		<a href="#"><u>CREST disease</u></a>	
<a href="#"><u>Autoimmune aplastic anemia</u></a>		<a href="#"><u>Essential mixed cryoglobulinemia</u></a>	
<a href="#"><u>Autoimmune dysautonomia</u></a>		<a href="#"><u>Demyelinating neuropathies</u></a>	
<a href="#"><u>Autoimmune hepatitis</u></a>		<a href="#"><u>Dermatitis herpetiformis</u></a>	
<a href="#"><u>Autoimmune hyperlipidemia</u></a>		<a href="#"><u>Dermatomyositis</u></a>	
<a href="#"><u>Autoimmune inner ear disease (AIED)</u></a>		<a href="#"><u>Devic's disease (neuromyelitis optica)</u></a>	
<a href="#"><u>Autoimmune myocarditis</u></a>		<a href="#"><u>Discoid lupus</u></a>	
<a href="#"><u>Autoimmune oophoritis</u></a>		<a href="#"><u>Dressler's syndrome</u></a>	
<a href="#"><u>Autoimmune pancreatitis</u></a>		<a href="#"><u>Endometriosis</u></a>	
<a href="#"><u>Autoimmune retinopathy</u></a>		<a href="#"><u>Eosinophilic esophagitis</u></a>	
<a href="#"><u>Autoimmune Syndrome induced by adjuvants (ASIA)</u></a>		<a href="#"><u>Eosinophilic fasciitis</u></a>	
<a href="#"><u>Autoimmune thrombocytopenic purpura (ATP)</u></a>		<a href="#"><u>Erythema nodosum</u></a>	
<a href="#"><u>Autoimmune thyroid disease</u></a>		<a href="#"><u>Experimental allergic encephalomyelitis</u></a>	
<a href="#"><u>Autoimmune urticaria</u></a>		<a href="#"><u>Evans syndrome</u></a>	
<a href="#"><u>Axonal &amp; neuronal neuropathies</u></a>		<a href="#"><u>Fibromyalgia</u></a>	
<a href="#"><u>Balo disease</u></a>		<a href="#"><u>Fibrosing alveolitis</u></a>	
<a href="#"><u>Behcet's disease</u></a>		<a href="#"><u>Giant cell arteritis (temporal arteritis)</u></a>	
<a href="#"><u>Bullous pemphigoid</u></a>		<a href="#"><u>Giant cell myocarditis</u></a>	
<a href="#"><u>Cardiomyopathy</u></a>		<a href="#"><u>Glomerulonephritis</u></a>	
<a href="#"><u>Castleman disease</u></a>		<a href="#"><u>Goodpasture's syndrome</u></a>	
<a href="#"><u>Celiac disease</u></a>		<a href="#"><u>Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis)</u></a>	
<a href="#"><u>Chagas disease</u></a>		<a href="#"><u>Graves' disease</u></a>	
<a href="#"><u>Chronic fatigue syndrome</u></a>		<a href="#"><u>Guillain-Barre syndrome</u></a>	
<a href="#"><u>Gulf War Syndrome</u></a>		<a href="#"><u>Neuromyelitis optica (Devic's)</u></a>	
<a href="#"><u>Hashimoto's encephalitis</u></a>		<a href="#"><u>Neutropenia</u></a>	
<a href="#"><u>Hashimoto's thyroiditis</u></a>		<a href="#"><u>Ocular cicatricial pemphigoid</u></a>	
<a href="#"><u>Hemolytic anemia</u></a>		<a href="#"><u>Optic neuritis</u></a>	
<a href="#"><u>Henoch-Schonlein purpura</u></a>		<a href="#"><u>Palindromic rheumatism</u></a>	

**Health Medicine Center, Tiffany Baer, MD**  
**Internal Medicine, Holistic Medicine, Anthroposophic Medicine**

<b>Autoimmune Disorder</b>	<b>Family Member</b>	<b>Autoimmune Disorder</b>	<b>Family Member</b>
<a href="#"><u>Hypogammaglobulinemia</u></a>		<a href="#"><u>Paraneoplastic cerebellar degeneration</u></a>	
<a href="#"><u>Idiopathic thrombocytopenic purpura (ITP)</u></a>		<a href="#"><u>Paroxysmal nocturnal hemoglobinuria (PNH)</u></a>	
<a href="#"><u>IgA nephropathy</u></a>		<a href="#"><u>Parry Romberg syndrome</u></a>	
<a href="#"><u>IgG4-related sclerosing disease</u></a>		<a href="#"><u>Parsonnage-Turner syndrome</u></a>	
<a href="#"><u>Immunoregulatory lipoproteins</u></a>		<a href="#"><u>Pars planitis (peripheral uveitis)</u></a>	
<a href="#"><u>Inclusion body myositis</u></a>		<a href="#"><u>Pemphigus</u></a>	
<a href="#"><u>Interstitial cystitis</u></a>		<a href="#"><u>Peripheral neuropathy</u></a>	
<a href="#"><u>Juvenile arthritis</u></a>		<a href="#"><u>Perivenous encephalomyelitis</u></a>	
<a href="#"><u>Juvenile diabetes (Type 1 diabetes)</u></a>		<a href="#"><u>Pernicious anemia</u></a>	
<a href="#"><u>Juvenile myositis</u></a>		<a href="#"><u>POEMS syndrome</u></a>	
<a href="#"><u>Kawasaki syndrome</u></a>		<a href="#"><u>Polyarteritis nodosa</u></a>	
<a href="#"><u>Lambert-Eaton syndrome</u></a>		<a href="#"><u>Type I, II, &amp; III autoimmune polyglandular syndromes</u></a>	
<a href="#"><u>Leukocytoclastic vasculitis</u></a>		<a href="#"><u>Polymyalgia rheumatica</u></a>	
<a href="#"><u>Lichen planus</u></a>		<a href="#"><u>Polymyositis</u></a>	
<a href="#"><u>Lichen sclerosus</u></a>		<a href="#"><u>Postmyocardial infarction syndrome</u></a>	
<a href="#"><u>Ligneous conjunctivitis</u></a>		<a href="#"><u>Postpericardiotomy syndrome</u></a>	
<a href="#"><u>Linear IgA disease (LAD)</u></a>		<a href="#"><u>Progesterone dermatitis</u></a>	
<a href="#"><u>Lupus (SLE)</u></a>		<a href="#"><u>Primary biliary cirrhosis</u></a>	
<a href="#"><u>Lyme disease, chronic</u></a>		<a href="#"><u>Primary sclerosing cholangitis</u></a>	
<a href="#"><u>Meniere's disease</u></a>		<a href="#"><u>Psoriasis</u></a>	
<a href="#"><u>Microscopic polyangiitis</u></a>		<a href="#"><u>Psoriatic arthritis</u></a>	
<a href="#"><u>Mixed connective tissue disease (MCTD)</u></a>		<a href="#"><u>Idiopathic pulmonary fibrosis</u></a>	
<a href="#"><u>Mooren's ulcer</u></a>		<a href="#"><u>Pyoderma gangrenosum</u></a>	
<a href="#"><u>Mucha-Habermann disease</u></a>		<a href="#"><u>Pure red cell aplasia</u></a>	
<a href="#"><u>Multiple sclerosis</u></a>		<a href="#"><u>Raynauds phenomenon</u></a>	
<a href="#"><u>Myasthenia gravis</u></a>		<a href="#"><u>Reactive Arthritis</u></a>	
<a href="#"><u>Myositis</u></a>		<a href="#"><u>Reflex sympathetic dystrophy</u></a>	
<a href="#"><u>Narcolepsy</u></a>		<a href="#"><u>Reiter's syndrome</u></a>	
<a href="#"><u>Relapsing polychondritis</u></a>		<a href="#"><u>Takayasu's arteritis</u></a>	
<a href="#"><u>Restless legs syndrome</u></a>		<a href="#"><u>Temporal arteritis/Giant cell arteritis</u></a>	
<a href="#"><u>Retroperitoneal fibrosis</u></a>		<a href="#"><u>Thrombocytopenic purpura (TTP)</u></a>	
<a href="#"><u>Rheumatic fever</u></a>		<a href="#"><u>Tolosa-Hunt syndrome</u></a>	
<a href="#"><u>Rheumatoid arthritis</u></a>		<a href="#"><u>Transverse myelitis</u></a>	
<a href="#"><u>Sarcoidosis</u></a>		<a href="#"><u>Type 1 diabetes</u></a>	
<a href="#"><u>Schmidt syndrome</u></a>		<a href="#"><u>Ulcerative colitis</u></a>	
<a href="#"><u>Scleritis</u></a>		<a href="#"><u>Undifferentiated connective tissue disease (UCTD)</u></a>	
<a href="#"><u>Scleroderma</u></a>		<a href="#"><u>Uveitis</u></a>	
<a href="#"><u>Sjogren's syndrome</u></a>		<a href="#"><u>Vasculitis</u></a>	
<a href="#"><u>Sperm &amp; testicular autoimmunity</u></a>		<a href="#"><u>Vesiculobullous dermatosis</u></a>	
<a href="#"><u>Stiff person syndrome</u></a>		<a href="#"><u>Vitiligo</u></a>	
<a href="#"><u>Subacute bacterial endocarditis (SBE)</u></a>		<a href="#"><u>Wegener's granulomatosis (now Granulomatosis with Polyangiitis (GPA))</u></a>	
<a href="#"><u>Susac's syndrome</u></a>		<a href="#"><u>Takayasu's arteritis</u></a>	

**Patient Name:** \_\_\_\_\_

### **ALLERGIC DISORDER**

*Please indicate family member*

Allergic diseases	Specify cause	Severity of allergy	Family member
Food allergy			
Drug allergy			
Latex allergy			
Insect allergy			
Hives			
Asthma			
Eczema			
Allergy sinusitis			
Hayfever- <ul style="list-style-type: none"> <li>• Pollen allergy</li> <li>• Animal dander</li> <li>• Dust</li> </ul>			

### **NEUROLOGICAL DISEASES**

	Family member		Family member
Amyotrophic lateral sclerosis		Optic Neuritis	
Bell's Palsy		Paresthesias	
Cerebral Palsy		Parkinson's	
Complex Regional Pain Syndrome		Postural hypotension	
Down's Syndrome		Pseudotumor cerebri	
Dysautonomia		Restless Leg Syndrome	
Encopresis		Reye's Syndrome	
Enuresis		Sensory Processing Disorder	
Epilepsy		Sleep apnea	
Erb's Palsy		Stuttering	
Essential Tremor		Syncope	
Febrile Seizures		Syringomyelia	
Fetal Alcohol Syndrome		Tardive dyskinesia	
Hirschsprung's disease		Tic doloreux	
Migraine		Transient Ischemic Attacks (TIA)	
Narcolepsy		Tremor	
Neurofibromatosis		Trichotillomania (hair pulling)	
Neuropathy		Trigeminal Neuralgia	

**Patient Name:** \_\_\_\_\_

**NEURODEVELOPMENTAL DISORDERS**

*Please indicate family member*

Intellectual delay or regression		Attention ADD, ADHD	
Social delay or regression		Autism spectrum, Pervasive Developmental Delay, Aspergers	
Coordination Difficulties		Learning difficulites (dyslexia, dysgraphaia, auditory or visual processing, reading, spelling/writing, math)	

<b>Repetitive behavior</b>	<b>Family Member</b>
<b>Tics-Tourettess</b>	
<input type="checkbox"/> facial grimaces	
<input type="checkbox"/> jerking of the arms, legs or head	
<input type="checkbox"/> grunting <input type="checkbox"/> clicking <input type="checkbox"/> moaning	
<input type="checkbox"/> throat clearing <input type="checkbox"/> hissing <input type="checkbox"/> snorting	
<input type="checkbox"/> spinning <input type="checkbox"/> rocking back and forth	
<input type="checkbox"/> head banging (against wall or other solid form)	

**NEUROPSYCHIATRIC**

	<b>Family member</b>		<b>Family member</b>
Addictions		Sleep disorders	
Eating disorders		Admission to psych hospitals	
Mood Disorders		Prison-reason?	
Neurotic disorders			
Psychosis			