

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

1. Parents' Special Acknowledgement about Medical Exemptions
2. Vaccine Reaction History Form
3. "Two Timelines" Form
4. Autoimmune Disease Questionnaire
5. 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 left side of the page please write the date of the vaccine, and on the right side, please write the 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.

Please be advised that only after evaluating all presented medical information a decision can be made, if a medical exemption is warranted or not. Presenting the medical exemption forms does not automatically guarantee that your child will qualify for a medical exemption.

All forms must be filled out completely. This will probably take one to two hours, so please plan ahead. If forms are incomplete, an additional appointment will most likely have to be scheduled at additional charge.

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) _____

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) _____

Malignancy

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

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

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

Now do your own timelines.

Questionnaire for considering medical exemption from vaccination

TWO TIMELINES

Date: _____ Patient name: _____ DOB: _____

Parent name: _____

Bring your two timelines to the doctor along with any observations you have made.

Use extra sheets for any explanation needed.

Health history over time

Vaccination: dates given

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AUTOIMMUNE DISEASE (2 pages)

Please circle all that apply and indicate family member

Patient Name: _____

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

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

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

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"> • Pollen allergy • Animal dander • Dust 			

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)	

Repetitive behavior	Family Member
Tics-Tourettess	
<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

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