



Vaccination Agreement

I acknowledge that vaccinations are important in protecting the health of my child and all patients visiting CMU Health clinics. I understand that CMU Health has a Vaccination Policy for patients 18 years of age and younger, and that if my child is not meeting vaccination requirements per the Michigan Department of Health & Human Services, my child may be dismissed as a patient of CMU Health.

Date: _____

Patient Name (print): _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____