

Tiffany Baer, MD

Internal Medicine, Holistic Medicine
Anthroposophic Medicine

(510) 526-5256 • fax (510) 526-5547

902santafe@gmail.com

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. Auto-immune 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.

Thanks,

Tiffany Baer, MD

Tiffany Baer, MD

Internal Medicine, Holistic Medicine
Anthroposophic Medicine

(510) 526-5256 • fax (510) 526-5547

902santafe@gmail.com

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.

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 self-stimulating 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?)

Deltoid bursitis (frozen shoulder, characterized by shoulder pain and loss of motion)

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)

VACCINE REACTION HISTORY (cont.)

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

Tiffany Baer, MD
Internal Medicine, Holistic Medicine
Anthroposophic Medicine

(510) 526-5256 • fax (510) 526-5547
902santafe@gmail.com

Questionnaire for considering medical exemption from vaccination: Two timelines - page 1

Patient name: _____ **DOB** _____

Date: _____ **Parent name:** _____

Two Timelines

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

Pregnancy no complaints

Birth 11/11/11 healthy

1 day old colic, poor suck

6 wk old high fever, screaming after shots

7 wk old ear infection, antibiotics

3 months high fever, screamed after shots, to ER*

*separate sheet explains ER events and findings

Vaccination: dates given

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

Vit K and Hep B at birth

12/26/11 baby shots given

2/15/12 baby shots given

Patient name: _____ **DOB** _____

Date: _____ **Parent name:** _____

Now do your own timelines

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

Tiffany Baer, MD
Internal Medicine, Holistic Medicine
Anthroposophic Medicine

(510) 526-5256 • fax (510) 526-5547
902santafe@gmail.com

AUTOIMMUNE DISEASE

Please circle all that apply and indicate family member (2 pages)

Patient Name: _____

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

Patent Name: _____

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

Tiffany Baer, MD

Internal Medicine, Holistic Medicine
Anthroposophic Medicine

(510) 526-5256 • fax (510) 526-5547

902santafe@gmail.com

Allergic Disorder

(Please indicate family member)

Patient Name: _____

| Allergic diseases | Specify cause | Severity of allergy | Family member |
|--|---------------|---------------------|---------------|
| Food allergy | | | |
| Drug allergy | | | |
| Latex allergy | | | |
| Insect allergy | | | |
| Hives | | | |
| Asthma | | | |
| Eczema | | | |
| Allergy sinusitis | | | |
| Hayfever- 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 | |

Neurodevelopmental Disorders - Please indicate family member

Patient Name: _____

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

| Repetitive behavior | Family Member |
|--|----------------------|
| Tics-Tourette's <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 | | | |