

School Immunization Exemption Form



Vermont's School Immunization Regulations apply to any students in attendance at any public or independent kindergarten, any elementary or secondary school and certain post-secondary schools. Before school entry, students must have the required immunizations unless exempt for medical, religious, or moral (philosophic) reasons. In order to claim an exemption this form needs to be completed, signed and returned to the school.

Please note that students who claim an exemption may be kept out of school during the course of a disease outbreak. The reason for this is that such students will be at high risk for getting that disease and in-turn transmitting it to other students. The length of time a student is kept out of school will vary depending on the type of disease and the circumstances surrounding the outbreak. This may be from as little as several days to over a month.

This document is being submitted on behalf of the following student:

Name: _____ **Date of Birth:** ____/____/____
 Last First

MEDICAL EXEMPTION

The following vaccine(s) are medically contraindicated:

DTaP/DTP Td/Tdap Polio Hepatitis B Varicella
 Measles Mumps Rubella Meningococcal

Reason for exemption(s): _____

This exemption shall continue until : ____/____/____

Print Name of Physician **Telephone** (____) _____

Signature of Physician **Date** ____/____/____

MORAL (PHILOSOPHIC) EXEMPTION **RELIGIOUS EXEMPTION**

I request that following immunization(s) be waived because they conflict with free exercise of religious rights and /or moral (philosophic) rights:

DTaP/DTP Td/Tdap Polio Hepatitis B Varicella
 Measles Mumps Rubella Meningococcal

Signature of Parent (or student if 18 yrs or older) **Telephone** (____) _____ **Date** ____/____/____

**The Vermont Department of Health
 Immunization Program
 108 Cherry Street
 Burlington, Vermont 05401**

**802-863-7638 or
 1-800-464-4343 ext. 7638
 healthvermont.gov**