

# 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.

<b>This document is being submitted on behalf of the following student:</b>		
<b>Name:</b>	<b>Date of Birth:</b>	
_____	____/____/____	
<b>Last</b>	<b>First</b>	
<input type="checkbox"/> <b>MEDICAL EXEMPTION</b>		
The following vaccine(s) are medically contraindicated:		
<input type="checkbox"/> <b>DTaP/DTP</b>	<input type="checkbox"/> <b>Td/Tdap</b>	<input type="checkbox"/> <b>Polio</b>
<input type="checkbox"/> <b>Measles</b>	<input type="checkbox"/> <b>Mumps</b>	<input type="checkbox"/> <b>Rubella</b>
<input type="checkbox"/> <b>Hepatitis B</b>	<input type="checkbox"/> <b>Varicella</b>	<input type="checkbox"/> <b>Meningococcal</b>
Reason for exemption(s): _____		
This exemption shall continue until : ____/____/____		
_____ (____)		_____
<b>Print Name of Physician</b>	<b>Telephone</b>	
_____	____/____/____	
<b>Signature of Physician</b>	<b>Date</b>	
<input type="checkbox"/> <b>MORAL (PHILOSOPHIC) EXEMPTION</b>	<input type="checkbox"/> <b>RELIGIOUS EXEMPTION</b>	
I request that following immunization(s) be waived because they conflict with free exercise of religious rights and /or moral (philosophic) rights:		
<input type="checkbox"/> <b>DTaP/DTP</b>	<input type="checkbox"/> <b>Td/Tdap</b>	<input type="checkbox"/> <b>Polio</b>
<input type="checkbox"/> <b>Measles</b>	<input type="checkbox"/> <b>Mumps</b>	<input type="checkbox"/> <b>Rubella</b>
<input type="checkbox"/> <b>Hepatitis B</b>	<input type="checkbox"/> <b>Varicella</b>	<input type="checkbox"/> <b>Meningococcal</b>
_____ (____)	_____	____/____/____
<b>Signature of Parent (or student if 18 yrs or older)</b>	<b>Telephone</b>	<b>Date</b>

**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**