

SCHOOL IMMUNIZATION EXEMPTION FORM

Vermont's School Immunization Regulations apply to any student in attendance at any public or independent kindergarten, any elementary or secondary school and any post-secondary school, unless exempt by law. Before school entry, students must have the required immunizations unless exempted from immunizations for medical, religious, or moral (philosophic) reasons.

Note: Students exempted from required immunizations may face exclusion from school should a vaccine-preventable disease outbreak occur and the Department of Health determines that such action is necessary to protect the student and/or the public health.

Complete this section, the appropriate signature portion and submit to your school Birth Date Name of Student Exemption applies to the following vaccines(s): ☐ Td/Tdap □ DTaP/DTP/DT □ Polio \square MMR ☐ Mumps ☐ Hepatitis B ☐ Measles □ Rubella ☐ MEDICAL EXEMPTION: The following vaccine(s) are medically contraindicated: Reason for exemption: This exemption shall continue until / / Date Print name of physician Telephone Signature of Physician ☐ RELIGIOUS EXEMPTION: I request that immunization(s) be waived because they conflict with free exercise of religious rights. Signature of Parent (or student if 18 yrs or older) telephone Date ☐ MORAL (PHILOSOPHIC) EXEMPTION: I request that immunizations(s) be waived because they conflict with free exercise of moral (philosophic) rights. Signature of Parent (or student if 18 yrs or older) telephone Date