

## Annual Philosophical and Religious Immunization Exemptions Child Care and Schools

Vermont's Immunization Regulations apply to any child or student attending any licensed or registered child care facility, public or independent kindergarten, elementary and secondary schools. Before entry, children/students must have the required immunizations unless exempt for medical, religious, or philosophic reasons. Each year, in order to claim a **philosophical** or **religious** exemption, this form must be completed, signed and returned to the child care facility or school.

Please note that children with an immunization exemption may be kept out of child care or school during a disease outbreak. The length of time a child/student is kept out of child care or school will vary depending on the type of disease and the circumstances of the outbreak. This could range from several days to over a month.

**Exemption requested (select only one):**

**Philosophical**

**Religious**

\_\_\_\_\_ has not received all required doses of the following immunizations:  
 Child/Student Name

Check only those vaccines you wish to exempt your child from:

<b>Child Care</b>	<input type="checkbox"/> HepB (Hepatitis B)	<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis)	<input type="checkbox"/> Polio	<input type="checkbox"/> MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Varicella (Chicken pox)	<input type="checkbox"/> PCV (Pneumococcal)	<input type="checkbox"/> Hib (Haemophilus influenzae B)
<b>K – 6<sup>th</sup> Grade</b>	<input type="checkbox"/> HepB (Hepatitis B)	<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis)	<input type="checkbox"/> Polio	<input type="checkbox"/> MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Varicella (Chicken pox)		
<b>7<sup>th</sup> - 12<sup>th</sup> Grade</b>	<input type="checkbox"/> HepB (Hepatitis B)	<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis)	<input type="checkbox"/> Polio	<input type="checkbox"/> MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Varicella (Chicken pox)	<input type="checkbox"/> Meningococcal*	<input type="checkbox"/> Tdap

\*for residential students only

In signing this form, I acknowledge that:

- I have reviewed and understand the Required Parent Education Information developed by the Vermont Department of Health.
- I understand that failure to complete the required vaccination schedule increases the risk to my child and others of contracting, carrying or spreading a vaccine-preventable infectious disease.
- I understand that there are people with special health needs in schools and child care facilities who are unable to be vaccinated, or who are at heightened risk of contracting a vaccine-preventable communicable disease, and for whom such a disease could be life-threatening.

\_\_\_\_\_  
 Print name of parent

\_\_\_\_\_  
 Signature of parent

\_\_\_\_\_  
 Date