STATE OF VERMONT
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 had 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 public health.

Complete this section, and the appropriate signature portion below, and submit to your school.

Exemption applies to the following vaccine(s):

□**DTP/DTaP/DT/T**	□**Td/T**	□**Polio**	□**MMR**
□**Measles**	□**Rubella**	□**Mumps**	□**Hepatitis B**

Medical Exemption –
The following vaccine(s) are medically contraindicated:_____
Reason for exemption:_____
This exemption shall continue until (date) _____ Print MD name_____

_____ _____ _____
Signature of Physician **Date** **Telephone**

****

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 or older) **Date** **Telephone**

****

Moral (Philosophic) Exemption –
I request that immunization(s)be waived because they conflict with free exercise of moral (philosophic) rights.

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

****

VERMONT IMMUNIZATION PROGRAM: 1-800-464-4343, ext.7638 7/00