

## 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 needs to 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 surrounding the outbreak. This could range from as little as 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></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></b>	<input type="checkbox"/> HepB (Hepatitis B)	<input type="checkbox"/> Tdap (Tetanus, Diphtheria, 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 the evidence-based educational material provided by the Vermont Department of Health regarding immunizations, including:

- The information that failure to complete the required vaccination schedule increases risk to the person and others of contracting, carrying or spreading a vaccine-preventable infectious disease; and
- The information that there are people with special health needs attending 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 (or student if 18 years or older)

\_\_\_\_\_  
Signature of parent (or student if 18 years or older)

\_\_\_\_\_  
Date