

Carlisle Public School

Vaccine Exemption Form

Massachusetts General Law (105 CMR 220.000) requires that all students, from preschool through 12th grade, be fully immunized before being admitted to school. There are only two situations in which children who are not appropriately immunized may be admitted:

- 1). A medical exemption is allowed if a physician submits documentation attesting that an immunization is medically contraindicated; or
- 2). A religious exemption is allowed if a parent or guardian submits a written statement that immunizations conflict with their sincere religious beliefs.

Vaccine exemptions must be renewed annually at the start of the school year and given to the school nurse.

Type of Exemption

Religious Exemption:

I am the parent/guardian of _____ DOB: _____ and immunizations are in conflict with my sincere religious beliefs. Therefore, I have elected to not vaccinate my child against the following disease(s). I understand that my child may be excluded from school/camp for the time period mandated by the Massachusetts Department of Public Health as outlined in Reportable Disease, Surveillance and Isolation & Quarantine Requirements (105. CMR 300.00) if there is a suspected or confirmed case of a vaccine preventable disease.

(Please check off all applicable vaccinations)

- ☐ ALL VACCINES
- | | | |
|---|---|-------------------------------------|
| ☐ Hepatitis B | ☐ DTaP/DTP/DT/Tdap/Td | ☐ Polio |
| ☐ MMR (Measles, Mumps, Rubella) | ☐ Varicella (chickenpox) | ☐ Meningitis |
| ☐ Hib (Haemophilus influenzae type b) ☐ Other _____ | | |

Parent/Guardian Printed Name

Signature

Date

Medical Exemption:

I hereby certify that the following immunization(s) are medically contraindicated for the child named below

(please explain):

Child's Name _____ DOB: _____

Physician/Health Care Provider (print): _____

Address: _____ Phone: _____

Physician Printed Name

Signature

Date