REQUEST FOR EXEMPTION FROM VACCINATION AND IMMUNIZATION

Name of Student: _____

Date of Birth: _____ School Year: __ _____

TYPE OF REQUEST:

Medical:

Written documentation is required every school year from the health care provider stating that the immunization is medically contraindicated. **Provider MUST attach appropriate documentation.** The school physician may review all requests for medical exemptions.

Please Note: According to MGL Chapter 76: section 15 Vaccination and Immunization: If the school physician does not agree with the opinion of the student's physician, the matter may be referred to the Massachusetts DPH, whose decision will be final.

_____

Medical Provider Signature Date

Address Phone

Religious: MGL Chapter 76: Section 15. Vaccination and immunization:

"In the absence of an emergency or epidemic of disease declared by the department of public health, no child whose parent or guardian states in writing that vaccination or immunization conflicts with his sincere religious beliefs shall be required to present said physician's certificate in order to be admitted to school."

As the parent/guardian of _____, I request that this minor be exempt from the vaccination and immunization requirements on religious grounds in accordance with the Massachusetts General Law Chapter 76: Section 15.

_____

Parent/Guardian Signature Date

Please be aware that in the case of a vaccine preventable disease outbreak all susceptible students, including those with medical or religious exemptions, will be excluded from school in accordance with the MDPH *Immunization Exemptions and Vaccine Preventable Disease Exclusion Guidelines in School Settings*

_____

School Nurse Signature Date