

## 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  
Address

\_\_\_\_\_  
Date  
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