

**UNIVERSITY OF VERMONT
IMMUNIZATION EXEMPTION FORM**

Vermont's School Immunization Regulations apply to any students in attendance at any public or independent kindergarten, any elementary or secondary school, and certain post-secondary schools. Before school entry, students must have the required immunizations unless exempt for medical, religious, or moral (philosophic) reasons. In order to claim an exemption, this form needs to be completed, signed, and returned to the school.

Please note that students who claim an exemption may be kept out of school during the course of a disease outbreak. The reason for this is that such students will be at high risk for getting that disease and, in turn, transmitting it to other students. The length of time a student is kept out of school will vary depending on the type of disease and the circumstances surrounding the outbreak. This may be from as little as several days to over a month.

This document is being submitted on behalf of the following student:
Name: _____ **Date of Birth:** ____/____/____

Last **First**

MEDICAL EXEMPTION
 The following vaccine(s) is/are medically contraindicated:
 ___ DTaP/DTP ___ Td/Tdap ___ Polio ___ Hepatitis B
 ___ Varicella ___ Measles ___ Mumps ___ Meningococcal
 Reason for exemption(s): _____
 This exemption shall continue until: ____/____/____
 _____ (____)
 Print Name of Physician Telephone number

 Signature of Physician Date

(select one)
 ___ **MORAL (PHILOSOPHIC) EXEMPTION** ___ **RELIGIOUS EXEMPTION**
 I request that the following immunization(s) be waived because they conflict with the free exercise of religious and/or moral (philosophic rights):
 ___ DTaP/DTP ___ Td/Tdap ___ Polio ___ Hepatitis B
 ___ Varicella ___ Measles ___ Mumps ___ Meningococcal
 _____ (____)
 Signature of Student Telephone number Date