VERMONT
DEPARTMENT OF HEALTH

# School Year 2016-17
# Religious Immunization Exemption
## Child Care and Schools

Vermont's Immunization Rule, adopted pursuant to 18 V.S.A. § 1123, applies to any child or student attending any center-based or family child care facility, public or independent kindergarten, elementary and secondary schools. **Each year**, in order to claim a **religious** exemption, the current school year form must be completed, signed, and returned to the child care or school.

Children/students with an immunization exemption may be kept out of child care or school during the course of a disease outbreak if it is determined that such children/students are at risk for getting that disease and transmitting it to other children/students. The length of time a child/student is excluded will vary depending on the disease, and can range from several days to more than a month.

**Complete the information below. Identify the row that corresponds with the grade the child or student is enrolled and check only the vaccine(s) for which you are exempting your child.**
**This form may not be altered.**

_____ Child/Student first and last name

_____/_____/_____ Date of birth

_____ 2016-17 School grade

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Child Care** | ☐ HepB (Hepatitis B) | ☐ DTaP (Diphtheria, Tetanus, Pertussis) | ☐ Polio | ☐ MMR (Measles, Mumps, Rubella) | ☐ Varicella (Chicken pox) | ☐ PCV (Pneumococcal) | ☐ Hib (Haemophilus influenzae b) |
| **K – 6th grade** | ☐ HepB (Hepatitis B) | ☐ DTaP (Diphtheria, Tetanus, Pertussis) | ☐ Polio | ☐ MMR Measles, Mumps, Rubella | ☐ Varicella (Chicken pox) | | |
| **7th - 12th grade** | ☐ HepB (Hepatitis B) | ☐ Tdap (Tetanus, Diphtheria, Pertussis) | ☐ Polio | ☐ MMR Measles, Mumps, Rubella | ☐ Varicella (Chicken pox) | ☐ Meningococcal* *for residential students only | |

In signing this form I attest to holding religious beliefs opposed to immunizations. I acknowledge that I have reviewed the evidence-based educational material provided by the Vermont Department of Health regarding immunizations, including:

- Information about the risks of adverse reactions to immunization;
- Information that failure to complete the required vaccination schedule increases risk to the child and to others of contracting, carrying or spreading a vaccine-preventable infectious disease; and
- Information that there are persons with special health needs attending schools and child care facilities 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