

Medical Immunization Exemption Child Care and Schools

Vermont's Immunization Regulations apply to any child or student attending any licensed or registered child care facility, public or independent kindergarten, elementary and secondary schools. Before entry, children/students must have the required immunizations unless exempt for medical, religious, or philosophic reasons. In order to claim a **medical** exemption this form needs to be completed, signed by a medical provider and returned to the child care or school.

A medical exemption may be utilized only when vaccine(s) is medically contraindicated.
It should not be used:

- When vaccine is not needed due to immunity (for instance a positive titer to measles, mumps and rubella, or history of chickenpox disease).
- To circumvent vaccine recommendations of the Advisory Committee on Immunization Practices (ACIP), such as the minimum age, and/or interval between vaccine doses.

This document is being submitted on behalf of the following child or student:

First and last name

Date of birth

Check only the vaccine(s) that are medically contraindicated:

- | | | | |
|----------------------------------|--------------------------------|----------------------------------|--|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> Tdap | <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> HIB* | <input type="checkbox"/> PCV* | | <input type="checkbox"/> Meningococcal** |

* For children in child care

**For residential/dormitory students

Reason for medical exemption(s): _____

This exemption shall continue until: ____/____/____

It is required that the child/student shall receive the vaccines for which they are exempted when the vaccine is no longer contraindicated.

Print Name of Physician

(____)_____
Telephone

Signature of Physician or Health Care Practitioner***

____/____/____
Date

*** According to Vermont statute, only a health care practitioner licensed to practice in Vermont and authorized to prescribe vaccines may sign this exemption form.