VERMONT
DEPARTMENT OF HEALTH

School Year 2020-21
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

_____ 2020-21 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