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## Immunization/Vaccination Exemption Form

Student: \_\_\_\_\_

School: \_\_\_\_\_

I, \_\_\_\_\_ the legal parent/guardian of \_\_\_\_\_, state that my child is hereby exempt from immunizations on Religious Grounds of the Massachusetts School Immunization Law, Chapter 76, Section 15 of the General Laws of Massachusetts. It is against our sincere religious beliefs to undergo the following immunizations or vaccinations (please check those vaccines that apply):

- Dtap/Tdap/TD
- Polio
- MMR
- Varicella
- Hepatitis B
- MenACWY

I will assume full responsibility for my child's health and will remove him/her from the above named school if there is presence of a vaccine preventable disease in the school. I understand that if a vaccine preventable disease occurs, my child will be excluded from school according to standards set forth by the Department of Public Health.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_