



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
-----○-----
DEPARTMENT OF HEALTH

Immunization Program
Community Health Services

Roy L. Schneider Hospital
#48 Sugar Estate
St. Thomas, Virgin Islands 00802
Telephone: 340-774-7477 Ext 2120

PROCEDURE FOR IMMUNIZATION EXEMPTIONS

Medical and Religious Exemptions will be granted annually for the school year and summer program beginning in August and ending in August of the following year. Clients will not be exempted for selective vaccines, except for medical reasons.

PROCEDURE:

1. The parent or guardian shall bring to the Immunization Office the following Documents:
 - a. An original letter signed and dated, within the last three months, from his/her group / church / or religious organization stating that vaccines are contrary to his/her religious beliefs. **(RELIGIOUS)**
 - b. An original letter signed and dated, within the last three months, from his/her licensed physician, indicating a medical need for exemption. The letter must indicate that vaccines are contraindicated or the client has experienced adverse effects previously. **(MEDICAL)**
 - c. The birth certificate and /or Social Security card of the child needing the exemption
 - d. Copy of the child's immunization record
2. The parent or guardian will complete an application form for each child requesting an exemption.
3. An authorized person from the Department of Health Immunization Clinic will review the above information and, if it is complete, the Medical or Religious exemption will be issued as approved by the Commissioner of Health.
4. Only a signed, embossed original exemption document on letterhead of the commissioner of Health will be accepted as valid.



**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HEALTH**

Ph. 340-777-8804
Fax: 340-776-4501
3241, Estate Contant #781-2-3
St. Thomas, USVI 00802

Ph. 340-718-1311 ext. 3758
Fax 340-718-1376
Charles Harwood Complex
St. Croix, USVI 00820

**VIRGIN ISLANDS DEPARTMENT OF HEALTH CERTIFICATE OF EXEMPTION
FOR SCHOOL/ DAYCARE IMMUNIZATION REQUIREMENTS
Please Print Clearly, Complete All Fields, USE CAPITAL letters**

Parent/ Guardian Information

Full Name: _____
Mailing Address: _____
City: _____
City/ Zip code: _____
Phone: _____
Email: _____

Child and School Information

Child Name: _____
School Name: _____
State/ Zip Code: _____
Child Date of Birth: _____
Child's grade: _____

Gender: M F **Ethnicity:** Hispanic/Non- Hispanic/Native American/Asian/Black/White/other

CHECK THE BOX THAT CORRESPONDS TO YOUR SPECIFIC EXEMPTION REQUEST.

Medical: ----- (Medical certificate attached on original letterhead from private MD or Clinic)

Religious _____ (Notarized Religious affidavit/affirmation attached).

Personal Preference _____ (Notarized Personal statement attached)

Name: Parent / Guardian: _____ /Date _____

Signature: _____ /Date _____

Department of Health Witness: _____ Date _____

As the Parent/Legal Guardian of the above-mentioned child, I acknowledge that failure to follow the recommended vaccination may endanger the health or life of my child and others that my child might encounter from vaccine preventable diseases. I therefore take full responsibility for this decision and understand the potential consequences for my actions. I acknowledge that I have read and comprehended this document in its entirety.

To Whom it May Concern:

An Immunization Exemption has been granted to the above referenced student entering school for the period of August _____ through June _____ and/or summer camp June _____ to August _____ and June _____ only.

This Exemption is valid for One (1) Year: _____ to _____.

This exemption may be revoked by the Commissioner of Health at any time during a vaccine preventable disease outbreak; therefore, your child will be dismissed from school and / or summer program attendance until the vaccine preventable disease outbreak is resolved. For any questions concerning this exemption, please contact the Maternal Child Health Clinic (MCH), in your respective area. (St. Thomas-St. John District: 340-777-8804 ext. 2612 and St. Croix 718-1311 ext. 3854).

Approved: _____

Disapproved: _____

Tai Hunte-Caesar, MD, MSPH Date

Justa E. Encarnacion, RN, BSM, MBA/HCM Date