

Student's Name _____

MASSACHUSETTS IMMUNIZATION EXEMPTION REQUIREMENTS

In the event of a disease outbreak, a child exempted from Massachusetts immunization requirements may be excluded from school for the duration of the outbreak, both for his/her own protection and for the protection of others. Please check the boxes below regarding all vaccine-preventable diseases for which an exemption is claimed.

- | | |
|--|--|
| <input type="checkbox"/> Diphtheria (DTaP, Tdap, Td) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Tetanus (DTaP, Tdap, Td) | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Pertussis (Whooping Cough) (DTaP, Tdap) | <input type="checkbox"/> Meningococcal |
| <input type="checkbox"/> Measles (MMR) | <input type="checkbox"/> Influenza (Flu) |
| <input type="checkbox"/> Mumps (MMR) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Rubella (German Measles) (MMR) | <input type="checkbox"/> Varicella Disease History: My child has had chickenpox, but was not diagnosed by a licensed healthcare professional |
| <input type="checkbox"/> Polio | |

MEDICAL EXEMPTION (This exemption requires the signature of a licensed physician)

As the child's physician, I certify that the physical condition of this child is such that the immunization(s) checked above would endanger the health of the child.

- This medical exemption is permanent.
- This medical exemption is temporary. Duration of temporary exemption _____/_____/_____

I hereby request that this child be exempted from the Immunization Requirements for Massachusetts School Children due to a medical condition for which immunizations are contraindicated.

Name of Physician (PRINT)

Signature of Physician

Date

As the child's parent/guardian, I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak, both for his/her own protection and for the protection of others. I am aware that my child may contract a vaccine-preventable disease.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date

Full Name of Exempted Child (PRINT)

Child's Date of Birth (Month, Day, Year)

RELIGIOUS EXEMPTION

As the child's parent/guardian, I am exempting my child for religious reasons. A written and signed statement must be on file stating why the parent/guardian objects to their child receiving vaccines due to religious beliefs. I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak, both for his/her own protection and for the protection of others. I am aware that my child may contract a vaccine preventable disease.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date

Full Name of Exempted Child (PRINT)

Child's Date of Birth (Month, Day, Year)