VERMONT
DEPARTMENT OF HEALTH

Medical 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. Before entry, children/students must have the required immunizations unless exempt for medical or religious reasons. In order to claim a **medical** exemption this form needs to be completed, signed by a health care practitioner authorized to prescribe vaccines, and returned to the child care or school.

A medical exemption may be utilized:

- When vaccine(s) is medically contraindicated.
- When vaccine(s) is or may be detrimental to health.

A child/student who claims any exemption may be kept out of child care or school during the course of a disease outbreak if it is determined that such child/student is at risk for getting that disease and transmitting it to other children/students. The length of time a child/student is excluded from child care/school will vary depending on the disease, and can range from several days to more than a month.

This form may not be used:

- When vaccine is not indicated due to immunity (e.g. a positive titer to measles, mumps and rubella, or history of chickenpox disease). In place of vaccination dates, submit documentation of laboratory results except for chickenpox where parent report of disease is acceptable.
- To exempt students from recommendations of the Centers for Disease Control and Prevention (CDC) for additional immunizations when minimum age, and/or intervals between vaccine doses, have not been met.

Complete all information below on behalf of the child/student named. This form may not be altered.

_____ _____
Child/Student first and last name Date of birth

Check only the specific vaccine(s) that is or may be detrimental to the patient's health:

☐ DTaP	☐ Tdap	☐ Polio	
☐ MMR	☐ Varicella	☐ Hepatitis B	☐ Meningococcal**
☐ HIB*	☐ PCV*		

* For children in child care only

**For residential/dormitory students only

Reason for medical exemption(s): _____

This exemption will likely continue until: _____/_____/_____(mm/dd/year)

The law requires that the child/student receive the vaccine(s) for which they are exempted when the vaccine(s) is no longer contraindicated.

_____ (_____)_____
Print Name of Health Care Practitioner* **Telephone**

_____ ____/____/_____
Signature of Health Care Practitioner* **Date**

* According to Vermont statute, only a health care practitioner authorized to prescribe vaccines may sign this exemption form