

College Immunization Exemption

March 2024

Vermont's Immunization Rule, adopted pursuant to 18 V.S.A. § 1123, applies to undergraduate students enrolled in colleges and universities. Before entry, students must have the required immunizations unless exempt for medical or religious reasons. To claim either exemption this form must be completed and returned to the student health center prior to school attendance. Students who claim any exemption may be kept out of classes during a disease outbreak if it is determined that such students are at risk for getting that disease and transmitting it to other students. The length of time a student is excluded from classes will vary depending on the disease and can range from several days to more than a month.

Complete all information below on behalf of the student named. This form may not be altered. The religious exemption portion is on the second page.

Student First and Last Name: Date of Birth:/								
Medical Exemption								
Check only the specific vaccine(s) that is or may be detrimental to the patient's health:								
□Hepatitis B	□ Tdap	□ Varicella	☐ Meningococcal ACWY					
☐ Measles	☐ Mumps	□ Rubella	First year dormitory residents only					
Reason for medical exemption(s):								
This exemption will likely continue until:/								
The law requires that the 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 Number								
Signature of Health	Care Practitioner*		/					



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Religious Exemption							
have reviewed ex- regarding immun information that to others of contract persons with spe- contracting a vac	ridence-based edu izations including: failure to complete ting or carrying a v cial health needs	icational material information abou the required vace vaccine-preventable to communicable discommunicable discommunicable	s opposed to immunizations. I acknow provided by the Vermont Department of the risks of adverse reactions to immonation schedule increases risk to the ele infection; and information that there be vaccinated, or who are at heighter ease, and for whom such a disease conchecked below:	of Health nunization; person and e are ned risk of			
□Hepatitis B	□ Tdap	□ Varicella	☐ Meningococcal ACWY				
□ Measles	□ Mumps	□ Rubella	First year dormitory residents only				
Signature of Studen	 t*	() Telepho	/ one Date				

^{*(}or parent if under 18 years)