

CHILD CARE IMMUNIZATION EXEMPTION FORM



Vermont Child Care Licensing Regulations apply to any child in attendance at a licensed or registered childcare program. Before entry into childcare, children must have a record of their immunizations on file, unless exempt for medical, religious, or moral (philosophic) reasons. In order to claim an exemption this form needs to be completed, signed and returned to your childcare provider.

Please note that children with an immunization exemption may be excluded from childcare during the course of a disease outbreak. This is because unimmunized children are at higher risk for getting that disease and in-turn transmitting it to other children. The length of time your child is out of childcare will vary depending on the type of disease and the circumstances surrounding the outbreak. This may be from as little as several days to over a month.

This document is being submitted on behalf of the following child:	
Name:	Date of Birth:
_____	____/____/____
Last	First
<input type="checkbox"/> MEDICAL EXEMPTION	
The following vaccine(s) are medically contraindicated:	
<input type="checkbox"/> DTaP <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Polio <input type="checkbox"/> HIB <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella (chickenpox)	
Reason for exemption(s): _____	
This exemption shall continue until : ____/____/____	
_____	(____) _____
Print Name of Physician	Telephone
_____	____/____/____
Signature of Physician	Date
<input type="checkbox"/> MORAL (PHILOSOPHIC) EXEMPTION <input type="checkbox"/> RELIGIOUS EXEMPTION	
I request that following immunization(s) be waived because they conflict with free exercise of religious rights and /or moral (philosophic) rights:	
<input type="checkbox"/> DTaP <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Polio <input type="checkbox"/> HIB <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella (chickenpox)	
_____	(____) _____
Signature of Parent	Telephone
	____/____/____
	Date