

DCA MEDICAL OR RELIGIOUS VACCINE EXEMPTION

Please print clearly. This form must be **renewed every school year** in accordance with the Massachusetts Immunization Law (Massachusetts Department of Public Health, 105 CMR 220) and School policy, students are required to provide verification of immunity/vaccination against certain illnesses.

I, _____, parent/guardian of
_____, am requesting exemption from
the following vaccinations: (please circle)

- All
- Hepatitis B
- Measles, Mumps, Rubella (MMR)
- Varicella
- Tetanus (Tdap)
- Diphtheria and Pertussis (Dtap)
- Meningitis
- Polio
- Hib

I request exemption from the above vaccinations based on (circle one):

Medical grounds. Please note that DCA requires verification by a licensed health care provider that specifically addresses the immunization(s) you cannot receive and certifies that the licensed health care provider has personally examined you and is of the opinion that your health would be endangered by the immunization. Please attach verification to this form

Religious grounds. By selecting this reason, you are certifying that the above vaccinations would conflict with or violate your sincere religious beliefs.

I certify that, to the best of my knowledge, my child is free from any communicable or contagious diseases that may affect the welfare of the school community. I understand that, in the event of an outbreak at school, of any of the vaccine-preventable diseases listed above, my child may be excluded from school grounds and programming until the period of communicability is passed. I further understand that DCA will not be responsible for any costs associated with missed programming or exclusion during the period of communicability, and that a refund may not be made.

Parent/Guardian signature and date