



Middlebury

IMMUNIZATION EXEMPTION FORM

Vermont's School Immunization Regulations apply to any students in attendance at any public or independent kindergarten, any elementary or secondary school and certain post-secondary schools. Before school entry, student must have the required immunizations 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 Parton Health Center at Middlebury College.

This document is being submitted on behalf of the following student:

Name: _____ Date of Birth: ____/____/____
Last First

MEDICAL EXEMPTION

The following vaccines(s) are medically contraindicated:

- DTaP/DTP Td/Tdap Polio Hepatitis B Varicella
Measles Mumps Rubella Meningococcal

Reason for exemptions: _____
This exemption shall continue until: ____/____/____

Print Name of Physician Telephone

Signature of Physician Date

MORAL (PHILOSOPHIC) EXEMPTION RELIGIOUS EXEMPTION

I request that the following immunization(s) be waived because they conflict with free exercise of religious rights and/or moral (philosophic) rights:

- DTaP/DTP Td/Tdap Polio Hepatitis B Varicella
Measles Mumps Rubella Meningococcal

Signature (parent/guardian if student is under 18 year old) Telephone Date

Please return with your Student Health Form and Immunization Record or directly to:
Parton Health Center
5110 Middlebury College
Middlebury VT 05753