

WESTWOOD PUBLIC SCHOOLS
Westwood, Massachusetts

REQUEST FOR EXEMPTION FROM VACCINATION AND IMMUNIZATION

Student Name: _____ Date of Birth: _____

School Year: _____

Type of Request

___ Medical:

Written documentation is required each school year from the healthcare provider stating that the immunization is medically contraindicated. **The provider must attach appropriate documentation.** The school physician may review all requests for medical exemptions.

Please note: According to M.G.L., Ch. 76, Section 15 (Vaccination and Immunization), if the school physician does not agree with the opinion of the student's physician, the matter may be referred to the Massachusetts Department of Public Health, whose decision will be final.

Medical Provider's signature: _____ Date: _____

Address: _____

___ Religious:

According to M.G.L., Ch. 76, Section 15 (Vaccination and Immunization), "In the absence of an emergency or epidemic of disease by the Department of Public Health, no child whose parent or guardian states in writing that the vaccination or immunization conflicts with his sincere religious beliefs shall be required to present said physician's certificate in order to be admitted to school.

As the parent/guardian of _____, I request that this minor be exempt from the vaccination and immunization requirements on religious grounds in accordance with Massachusetts General Law, Chapter 76, Section 15.

Parent/Guardian Signature: _____ Date: _____

In the case of a vaccine-preventable disease outbreak, all susceptible students, including those with medical or religious exemptions, will be excluded from school in accordance with the Massachusetts Department of Public Health guidelines, "Immunization Exemptions and Vaccine Preventable Disease Exclusion Guidelines in School Settings."

School Nurse Signature: _____ Date: _____