

**MSAD #34
Immunization Exemption Form**

The School Immunization Law (20-A MRSA ss 6352-6358) requires that all students produce an acceptable record/certificate of immunization or written evidence of a medical, religious, philosophical or personal exemption to immunization, **updated annually**.

Immunization Requirements:

*5 Doses of any DPT containing vaccine or 4 if the fourth dose given on or after the 4th birthday.

*4 Doses of OPV, IPV, or 3 if the third dose given on or after the 4th birthday.

*2 Doses of MMR, #1 after 1 year of age, #2 at least one month after #1.

*1 Dose of Varicella for those students in grades K,1,2 ,6,9,and 10 (Fall 2005) or documentation by a health care provider that student had the disease, or has an immune blood test.

EXEMPTIONS

If your child has not received all the required immunizations, complete the appropriate section and return this form to your child's school.

Name of Child: _____ **Date of Birth:** _____

Medical Exemptions: _____

The following immunizations are medically contraindicated and constitute a threat to the child's health (check appropriate vaccine(s) below):

_____ DPT/Td _____ OPV/IPV _____ MMR _____ Varicella

The child has had the following vaccine preventable disease(s): _____

Physician's Signature: _____ **Date:** _____

Religious, Philosophical and Personal Exemptions

I request that my child be exempted from immunization requirements

because: _____

Parent Signature: _____ **Date:** _____

Important: Students exempted from immunizations may be excluded from school if one of these vaccine preventable diseases is identified in the school. Children excluded from school will be prohibited from attending school until either the child is immunized and the danger of outbreak is past, or the child contracts the disease and completely recovers.