

HEALTH SERVICES
REQUEST FOR EXEMPTION FROM VACCINATION AND IMMUNIZATION

As a parent or guardian having control of and responsibility for _____, a minor (under age 18) enrolled at Bristol County Agricultural High School, I request that said minor be exempt from the Massachusetts vaccination and immunization requirements based on:

Religious grounds. Receipt of vaccination and immunization would conflict with his/her sincere religious beliefs

Medical ground (please explain)

I understand that in the event of an outbreak of any of the vaccine- preventable disease on campus my son/daughter may be excluded from campus and classes until the period of communicability is passed.

Signature: _____ Date: _____

I _____, am requesting exemption from the Massachusetts vaccination and immunization requirements based on:

Religious ground. Receipt of vaccination and immunization would conflict with my sincere religious beliefs.

Medical grounds. (please explain)

I understand that in the event of an outbreak of any of the vaccine-preventable diseases on campus I may be excluded from campus and classes until the period of communicability is passed.

Signature: _____ Date: _____

All medical exemptions must be verified with a letter from a medical provider. It must specify which immunization(s) can not be given and the condition that prevents the administration of the vaccine.