

WESTFORD PUBLIC SCHOOLS
Westford, Massachusetts
School Health Services

Religious/Medical Exemption for Immunizations

Date: _____

Dear Parent/Guardian of _____,

In order to attend public school in Massachusetts, it is required by Massachusetts General Law (M.G.L. c. 76, ss. 15 and 15c and 105 CMR 220.000) that every child be fully immunized or have proof of immunity, unless there is a medical or religious exemption on file for the student.

According to our records, it states that your child has not been fully immunized because it:

- conflicts with your religious beliefs
- is medically contraindicated.

Please be aware that should there be any incidence of a vaccine-preventable illness, your child will be subject to exclusion from school according to guidelines established by the Massachusetts Department of Public Health. This includes exposure to cases of chickenpox, or pertussis, which have occurred in our schools over the past few years.

We ask that you return the attached form to the school nurse to confirm understanding of possible school exclusion. Please feel free to contact me at any time with questions or concerns about this process.

Sincerely,

School Nurse

Religious/Medical Exemption for Immunizations
Confirmation Form

Date: _____

Child's Name: _____

As parent/guardian of _____ (child's name), I/we have presented _____ (School Name) with the following documentation regarding an exemption of immunizations.

___ **Religious Exemption:** Pursuant to M.G. L. CHAPTER 76. SCHOOL ATTENDANCE, Chapter 76: Section 15 Vaccination and immunization, which states “ In the absence of an emergency or epidemic of disease declared by the department of public health, no child whose parent or guardian states in writing that **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.”

___ **Medical Exemption:** Pursuant to 105 CMR 220.000, documentation from child's physician indicating that immunizations are medically contraindicated.

I understand that, in the event of an outbreak of one of these diseases, this child who is not fully immunized/protected, will be excluded from school for the period of time determined by the Massachusetts Department of Public Health.

Signature) (Parent/Guardian

(Print Name)