Providence Christian Academy

School Address: 385 Chapman St. Greenfield, MA 01301

Phone: 413-325-3917 Fax: 413-828-2554

Email: admissions@pcama.org
Website: www.pcama.org

Date:



CERTIFICATE OF EXEMPTION FROM IMMUNIZATIONS

According to Massachusetts law (105 CMR 220.000 and M.G.L. c. 76, ss. 15, 15C and 15D), there are only two situations, in which children who are not appropriately immunized, may be admitted to school:

- 1). A medical exemption is allowed if a physician submits documentation attesting that an immunization is medically contraindicated; and
- 2). A religious exemption is allowed if a parent or guardian submits a written statement that immunizations conflict with their sincere religious beliefs.

School Year:

The Massachusetts law states that medical exemptions must be presented at the beginning of each school year. The Massachusetts Department of Public Health (MDPH) additionally requires annual renewal of religious exemptions in writing at the start of each school year beginning in 2018-2019. Philosophical exemptions are not allowed by law in Massachusetts, even if signed by a physician. Only medical and religious exemptions are acceptable. These exemptions must be placed in the students' school health records at the start of every school year.

| Name of Child (print): | | |
|---|--|--------------|
| Date of Birth: | Grade: | |
| Name of School: | | |
| Parent/Guardian's Name (print): | | |
| MEDICAL EXEMPTION (completed by physical hereby certify that immunization(s) are medical exemption. | sician) dically contraindicated for the above named child due to (please ex | xplain) _ |
| Physician/Health Care Provider (print): | | - |
| Address: | Phone: | |
| Signature of Physician: | | |
| RELIGIOUS EXEMPTION (completed by parent) To receive a religious exemption to vaccination, a parent or legal guardian must provide a statement detailing the religious beliefs that prevent the child from receiving school vaccinations being requested. In the space provided below, state the religious grounds for vaccination exemption. | | |
| Parent/Guardian (name): | | |
| Parent/Guardian Signature: | | |