The FARM Institute
REQUEST FOR EXEMPTION FROM VACCINATION AND IMMUNIZATION

As a parent or guardian having control of and responsibility for

__________________________________________, a minor (under age 18) enrolled in programs
at The FARM Institute, I request that said minor be exempt from the Massachusetts
vaccination and immunization requirements based on: (please circle one)

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

Medical grounds: Allowed if a physician submits documentation attesting that an
immunization is medically contraindicated.

Signature: _______________________________ Date: ____________________