



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HEALTH

Ph. 340-777-8804
Fax: 340-776-4501
3241, Estate Contant #781-2-3
St. Thomas, USVI 00802

Ph. 340-718-1311 ext. 3758
Fax 340-718-1376
Charles Harwood Complex
St. Croix, USVI 00820

VIRGIN ISLANDS DEPARTMENT OF HEALTH CERTIFICATE OF EXEMPTION
FOR SCHOOL/ DAYCARE IMMUNIZATION REQUIREMENTS
Please Print Clearly, Complete All Fields, USE CAPITAL letters

Parent/ Guardian Information

Full Name:
Mailing Address:
City:
City/ Zip code:
Phone:
Email:

Child and School Information

Child Name:
School Name:
State/ Zip Code:
Child Date of Birth:
Child's grade:

Gender: M F Ethnicity: Hispanic/Non- Hispanic/Native American/Asian/Black/White/other

CHECK THE BOX THAT CORRESPONDS TO YOUR SPECIFIC EXEMPTION REQUEST.

Medical: (Medical certificate attached on original letterhead from private MD or Clinic)

Religious (Notarized Religious affidavit/affirmation attached).

Personal Preference (Notarized Personal statement attached)

Name: Parent / Guardian: /Date

Signature: /Date

Department of Health Witness: Date

As the Parent/Legal Guardian of the above-mentioned child, I acknowledge that failure to follow the recommended vaccination may endanger the health or life of my child and others that my child might encounter from vaccine preventable diseases. I therefore take full responsibility for this decision and understand the potential consequences for my actions. I acknowledge that I have read and comprehended this document in its entirety.

To Whom it May Concern:

An Immunization Exemption has been granted to the above referenced student entering school for the period of August through June and/or summer camp June to August and June only.

This Exemption is valid for One (1) Year: to

This exemption may be revoked by the Commissioner of Health at any time during a vaccine preventable disease outbreak; therefore, your child will be dismissed from school and / or summer program attendance until the vaccine preventable disease outbreak is resolved. For any questions concerning this exemption, please contact the Maternal Child Health Clinic (MCH), in your respective area. (St. Thomas-St. John District: 340-777-8804 ext. 2612 and St. Croix 718-1311 ext. 3854).

Approved:

Disapproved:

Tai Hunte-Caesar, MD, MSPH Date

Justa E. Encarnacion, RN, BSM, MBA/HCM Date