

Massachusetts Vaccine Exemption Laws

PART I. ADMINISTRATION OF THE GOVERNMENT TITLE XII. EDUCATION CHAPTER 76. SCHOOL ATTENDANCE

Chapter 76: Section 15. Vaccination and immunization

Section 15. No child shall, except as hereinafter provided, be admitted to school except upon presentation of a physician's certificate that the child has been successfully immunized against diphtheria, pertussis, tetanus, measles and poliomyelitis and such other communicable diseases as may be specified from time to time by the department of public health.

A child shall be admitted to school upon certification by a physician that he has personally examined such child and that in his opinion the physical condition of the child is such that his health would be endangered by such vaccination or by any of such immunizations. Such certification shall be submitted at the beginning of each school year to the physician in charge of the school health program. If the physician in charge of the school health program does not agree with the opinion of the child's physician, the matter shall be referred to the department of public health, whose decision will be final.

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.

PART I. ADMINISTRATION OF THE GOVERNMENT TITLE XVI. PUBLIC HEALTH CHAPTER 111. PUBLIC HEALTH VACCINATION

Chapter 111: Section 181. Enforcement of vaccination of inhabitants of towns

Section 181. Boards of health, if in their opinion it is necessary for public health or safety, shall require and enforce the vaccination and revaccination of all the inhabitants of their towns, and shall provide them with the means of free vaccination. Whoever refuses or neglects to comply with such requirement shall forfeit five dollars.

Chapter 111: Section 182. Vaccination of inmates of institutions supported by aid of commonwealth

Section 182. The board of health of a town where any incorporated manufacturing company, infirmary, training or industrial school, hospital or other establishment where the poor or sick are received, prison, jail or house of correction, or any institution supported or aided by the commonwealth, is situated may, if it decides that it is necessary for the health of the employees or inmates or for the public safety, require the authorities of said establishment or institution, at the expense thereof, to cause all said employees or inmates to be vaccinated.

Chapter 111: Section 183. Exemptions

Section 183. Any person over eighteen presenting a certificate, signed by the register of a probate court, that he is under guardianship shall not be subject to section one hundred and eighty-one; and any child presenting a certificate, signed by a registered physician designated by the parent or guardian, that the physician has at the time of giving the certificate personally examined the child and that he is of the opinion that the physical condition of the child is such that his health will be endangered by vaccination, shall not, while such condition continues, be subject to the two preceding sections.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH 105 CMR 220.000: IMMUNIZATION OF STUDENTS BEFORE ADMISSION TO SCHOOL

220.100: Purpose

The purpose of 105 CMR 220.000 is to specify those immunizations required by the Department before admission to school. 105 CMR 220.000 specifies minimum requirements for immunization. 105 CMR 220.000 is not intended to serve as recommendations for the optimal care of children, which are contained in separate Department guidelines.

220.200: Authority

105 CMR 220.000 is authorized by M.G.L. c. 111, ss 5, 6 and 7, and c. 76, ss 15, 15C and 15D. 220.300: Scope 105 CMR 220.000 applies to all students attending elementary schools, high schools, institutions of higher education, and certain pre-schools in the Commonwealth, including students from other states and countries.

220.400: Definitions

For purposes of 105 CMR 220.000, the term:

Certificate of Immunization shall mean either:

- (a) a form or letter signed and dated by a physician or designee; or
- (b) a dated report from the Massachusetts Immunization Information System which specifies the month and year of administration and the type/name of the vaccine(s) administered to the student.

Preschool shall mean a program offered by a public school system on a regular basis, whether known as day care, pre-school or other term, which provides care and custody during all or part of the day, separate from parents, for pre-kindergarten children and which is not regulated by the Office for Child Care Services.

Student shall mean any individual attending, or enrolled or registered to attend, a pre-school program as defined in 105 CMR 220.400, kindergarten through 12th grade in a public or private school, or a postsecondary institution, as defined in section 220.600, provided the educational program is offered either on or off-site in Massachusetts. The term student shall also include any individual from another country attending or visiting classes or educational programs as part of a formal academic visitation or exchange program.

220.500: Immunization Requirements for Preschool, Elementary, Middle and High School Students

(A) No student, as defined in 105 CMR 220.400, shall attend a preschool program without a certificate of immunization documenting that the child has been successfully immunized in accordance with current Department of Public Health (DPH) recommended schedules against diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, measles, mumps, rubella, Haemophilus influenzae type b (Hib), hepatitis B, varicella and other communicable diseases as specified from time to time by the Department, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control, or any successor committee serving a comparable function.

(B) No student, as defined in 105 CMR 220.400, shall attend kindergarten through 12th grade without a certificate of immunization or a copy of a school immunization record that the student has received at least the following immunizations:

(1) five doses of diphtheria, tetanus, pertussis (DTP), or diphtheria, tetanus, acellular pertussis (DTaP) vaccines, unless the fourth dose has been administered after the fourth birthday, in which case only four doses are required;

(a) where pertussis vaccine is medically contraindicated, diphtheria-tetanus toxoid (DT) is to be substituted for DTP vaccine;

(b) where the student is seven or more years of age and requires additional immunizations to satisfy 105 CMR 220.500 (B)(1), tetanus-diphtheria toxoid (Td) is to be substituted for DTP or DT vaccine;

(2) four doses of trivalent polio vaccine (unless the third dose of an all oral polio vaccine [OPV] or all inactivated polio vaccine [IPV] series has been administered after the fourth birthday, in which case only three doses are required);

(3) one dose of measles (live), mumps, rubella (MMR) vaccine given at or after 12 months of age. In addition, a second dose of a live, measles containing vaccine is required for students attending kindergarten and grade seven (or in the case of an ungraded classroom, students 12 years of age or older). Both doses of measles vaccine must be given at least one month apart beginning at or after 12 months of age. After September 1, 2001, this requirement shall apply to all students attending grades K through 12 and all students in ungraded classrooms;

(4) three doses of hepatitis B vaccine for students attending kindergarten. Beginning on September 1, 1999, this requirement shall apply to all students attending grade seven (or in the case of an ungraded classroom, students 12 years of age or older). Beginning on September 1, 2005, this requirement shall apply to all students attending grades K through 12 and all students in ungraded classrooms;

(5) beginning on September 1, 1999, varicella vaccine for students attending kindergarten and grade seven (or in the case of an ungraded classroom, students 12 years of age or older) is required, as follows:

(a) one dose is required for all students receiving vaccine at less than 13 years of age; and

(b) two doses are required for students receiving their first dose of vaccine at 13 years of age or older. After September 1, 2005, this requirement shall apply to students attending grades kindergarten through 12 and all students in ungraded classrooms; and

(6) beginning on September 1, 1999, a booster of Td vaccine for students attending seventh grade (or in the case of an ungraded classroom, for students 12 years of age or older), if it is five years or more since the last dose.

(C) The requirements in 105 CMR 220.500 (A) and (B) shall not apply:

(1) upon presentation of written documentation that the student meets the standards for medical or religious exemption set forth in M.G.L. c. 76, ss 15;

(2) upon presentation of appropriate documentation, including a copy of a school immunization record, indicating receipt of the required immunizations;

(3) in the case of measles, mumps, rubella and hepatitis B, upon presentation of laboratory evidence of immunity; or

(4) in the case of varicella, upon presentation of laboratory evidence of immunity or a statement signed by a physician that the student has a history of chickenpox disease.

220.600: Immunization Requirements for Postsecondary Students

(A) No student, as specified in 105 CMR 220.400(C) and 220.600(B), shall attend a postsecondary institution without a certification of immunization, as specified in 105 CMR 220.600(C). For purposes of 105 CMR 220.600, “postsecondary institution” shall mean a college, university, institute or school accredited as a postsecondary institution by the New England Association of Schools and Colleges.

(B) The following students are subject to the requirements of 105 CMR 220.600(C):

(1) full-time undergraduate and graduate students; 220.600: continued

(2) part-time undergraduate and graduate students in a health science program who may be in contact with patients; and

(3) beginning on January 1, 1999, any full or part-time student attending an institution of higher education in Massachusetts while on a student or other visa, including a student attending or visiting classes or programs as part of a formal academic visitation or exchange program.

(C) Each student subject to 105 CMR 220.600(B) must present a certificate of immunization that the student has received the following immunizations:

(1) at least one dose of mumps and rubella vaccine(s) given at or after 12 months of age;

(2) two doses of live measles vaccine given at least one month apart beginning at or after 12 months of age;

(3) a booster dose of Td within the last ten years;

(4) beginning on September 1, 2000, 3 doses of hepatitis B vaccine will be required for all students in a health science program who may be in contact with patients. After September 1, 2005, this requirement shall apply to all students subject to 105 CMR 220.600.

(D) The requirements of 105 CMR 220.600 shall not apply where:

(1) the student provides written documentation that he or she meets the standards for medical or religious exemption set forth in M.G.L. c. 76, ss 15C;

(2) the student provides appropriate documentation, including a copy of a school immunization record, indicating receipt of the required immunizations; or

(3) in the case of measles, mumps, rubella and hepatitis B, the student presents laboratory evidence of immunity.

(E) Whenever possible, such immunizations are to be obtained prior to enrollment or registration. However, students subject to 105 CMR 220.600 may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration and provided, further, that the postsecondary institution has policies and procedures for ascertaining which students have failed to obtain the necessary immunizations within 30 days, and for taking appropriate follow up action to ensure compliance with 105 CMR 220.000.

220.700: Meningococcal Vaccine Requirement for Students at Secondary and Postsecondary Schools which Provide or License Housing

(A) No newly enrolled full-time student attending a secondary school or postsecondary institution who will be living in a dormitory or comparable congregate living arrangement licensed or approved by the secondary school or postsecondary institution may be registered without a certificate of immunization documenting that the student has received a dose of meningococcal polysaccharide vaccine within the last five years (or a dose of meningococcal conjugate vaccine at any time in the past). No student shall begin classes without this certificate, except as provided in 105 CMR 220.700(C).

(1) Secondary school shall mean a school or that part of a school that provides education for students in grades nine through 12.

(2) Postsecondary institution" shall be as defined in 105 CMR 220.600.

(3) Student, for purposes of 105 CMR 220.700, shall mean:

(a) full-time student newly enrolled at a secondary school who will be living in a dormitory or comparable congregate living arrangement licensed or approved by the secondary school; and

(b) full-time undergraduate or graduate student newly enrolled in a degree granting program at a postsecondary institution who will be living in a dormitory or comparable congregate living arrangement licensed or approved by the postsecondary institution.

(B) Each secondary school and postsecondary institution, at the time of initial enrollment, shall provide each newly enrolled full-time student who will be living in a dormitory or comparable congregate living arrangement licensed or approved by that secondary school or postsecondary institution with detailed information on the risks associated with meningococcal disease and the availability and effectiveness of vaccines against the disease, if he or she is at least 18 years old, or to the student's parents or guardian, if the student is a minor.

(C) A student may register and begin classes without a certificate of immunization against meningococcal disease in the following situations:

(1) the student provides written certification from a physician who has personally examined the student that the student's health would be endangered by the immunization;

(2) the student states in writing, in the absence of an emergency or disease epidemic, that immunization would violate his/her religious beliefs; or

(3) the student, or the student's parents or guardian, if the student is a minor, signs a waiver approved by the Department of Public Health stating that the student has received information about the risks and dangers of meningococcal disease, has reviewed the information provided and has elected to decline the vaccine.

(D) Whenever possible, the required immunization is to be obtained prior to registration. However, a student subject to 105 CMR 220.700 may be registered without a certificate of immunization, provided that the student supplies a certificate of immunization within 30 days of registration and provided, further, that the secondary school or postsecondary institution has policies and procedures for ascertaining which students have failed to provide the required certification within 30 days and for taking appropriate follow up action to ensure compliance with 105 CMR 220.700.

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
SECTION 102 CMR 7.00: STANDARDS FOR THE LICENSURE OR APPROVAL OF
GROUP DAY CARE AND SCHOOL AGE CHILD CARE PROGRAMS**

7.09: Enrollment

The licensee shall obtain the required information in order to provide the best possible care for the child both on a regular basis and in emergencies.

(1) Program Size. The licensee shall not admit or enroll, at any one time, more children than the licensed capacity of the program.

(2) Children's Enrollment Information. The licensee shall, in admitting a child, require the parent to provide the following information which shall be made part of the children's record:

(a) In All Programs. A face sheet or sheets, which identifies the child by the following information, where available:

1. the name, date of admission, date of birth, and primary language of the child and parent(s), if other than English;

2. the parent(s) name, home address(es), and telephone number(s);
3. the parent(s) business address(es) and telephone number(s);
4. the name, address and telephone number of person to contact in case of emergency when the parent is unavailable;
5. a physical description or a current photograph of the child;
6. the name, address, and phone number of the physician or source of health care; and
7. information on allergies and/or special diets.

(b) In Group Day Care. The licensee shall also obtain:

1. the child's daily schedule, developmental history, sleeping and play habits, favorite toys, accustomed mode of reassurance and comfort;
2. procedures for toilet training of the child, if appropriate; and
3. the child's eating schedule and eating preferences, where appropriate including for infants, a description of formula preparation.

(c) In School Age Programs. The licensee shall also obtain:

1. the name of the school the child attends;
2. any special limitations or concerns; and
3. any chronic health conditions.

(3) Parent Authorizations.

(a) In All Programs. The licensee shall obtain:

1. parental consents for emergency first aid and transportation to a specific hospital in emergencies;
2. a list of any person(s) authorized in writing by the parent to take the child from the center or receive the child at the end of the day;
3. general permission to take the child off the premises to a list of specified places (*i.e.* library, playground, museums); and
4. additional parental consent for any field trips not on the list above.

(b) In School Age Programs. The licensee shall obtain parental consent for the child to leave the program for any other reason that shall specify the activity,

time, method of transportation and parental responsibility for the child once he/she leaves the program.

(4) Validity of Consents. A written consent provided under 102 CMR 7.09(3) shall be valid for one year from the date of its execution unless such consent is withdrawn, in writing, prior to that time.

(5) Required Medical Examinations.

(a) In Group Day Care Programs:

1. The licensee shall admit a child only if provided with a written statement from a physician which indicates that the child has had a complete physical examination within one year prior to admission, or obtains one within one month of admission or obtains a written verification from the child's parent(s) that they object to such an examination on the grounds that it conflicts with their religious beliefs.

2. The physical examination required upon enrollment shall be valid for one year from the date the child was examined and shall be repeated annually. The licensee shall obtain evidence of each child's annual physical examination, updated immunizations and lead screening.

3. Pursuant to Department of Public Health regulations, all children, regardless of risk, shall be screened for lead poisoning at least once between the ages of nine and 12 months and annually thereafter until the age of 48 months. The licensee shall obtain within one month of admission of the child, a statement signed by a physician or an employee of a health care agency stating that the child has been screened for lead poisoning, or a written verification from the child's parent(s) that they object to such an examination on the grounds that it conflicts with their religious beliefs.

4. For all children admitted to care prior to twelve months of age, the licensee shall obtain before the child turns 13 months old, a statement signed by a physician or an employee of a health care agency stating that the child has been screened for lead poisoning or obtains a written verification from the child's parent(s) that they object to such an examination on the grounds that it conflicts with their religious beliefs.

5. The licensee of a center operating on a provisional license due to the detection of lead paint in the center shall ensure that each child has a blood test for lead paint poisoning by a physician or appropriate clinic or obtain written verification from the child's parent(s) that they object to such a test on the grounds that it conflicts with their religious beliefs or a physician's statement that such a procedure is contraindicated.

6. The licensee shall require, at admission, a physician's certificate that each child has been successfully immunized in accordance with the current Department of Public Health's recommended schedules against

diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, measles and such other communicable diseases as may be specified from time to time by the Office. No child shall be required, under 102 CMR 7.00 to have any such immunization if his parent(s) objects thereto, in writing, on the grounds that it conflicts with their religious beliefs or if the child's physician submits documentation that such a procedure is contraindicated.

(b) In School Age Programs. The licensee shall admit a child only with documentation that immunizations and physical examination according to public school health requirements and lead poisoning screening according to public health requirements are on file with the child's school. The licensee may accept a written parental statement that the information is on file with the school or actual copies of the child's immunization and lead screening records.

(6) Children's Records. The licensee shall maintain a written record for each child which includes:

(a) In all programs:

1. All information obtained when the child was enrolled as required in 102 CMR 7.09(2) and (3);
 2. Medical records obtained when the child was enrolled, where applicable;
 3. A record of any prescribed medications administered to the child, as required in 102 CMR 7.05(2)(a)6.;
 4. A record of any referrals made as required in 102 CMR 7.05(7)(b)3.;
- and

(b) In Group Day Care Programs:

1. Copies of periodic progress reports, as required in 102 CMR 7.04(6);
2. Individual program plans, and periodic review of such plans, for any special needs child, as required in 102 CMR 7.10(2);
3. All pertinent correspondence concerning the child, including referrals for social services, as required in 102 CMR 7.05(7)(b).

(c) In School Age Programs: A record of any unusual or serious incidents such as behavioral incidents, accidents, property destruction or emergencies.

(7) Maintenance of Records. The licensee shall maintain records which shall be legible, dated and signed by the individual making the entry. The licensee shall continually update all information in the children's record. The licensee shall retain records for at least five years after a child has left the program unless the record has been transferred to the parent, as provided for in 102 CMR 7.04(10).

