

RELIGIOUS EXCEPTION to VACCINATION

Johns Hopkins Center for Talented Youth

Religious vaccine exceptions are accepted at all CTY sites except those in New York state. New York does not allow religious exceptions by state and local law. For sites in all other states, a religious exception to CTY's immunization requirements may be filed when your religious beliefs or practices conflict with CTY's vaccination requirement(s).

Please complete the following information and have a parent/guardian sign it. Upload both pages of your completed and signed form to your CampDoc profile in the Immunizations section.

Note: In the event of an occurrence of any vaccine-preventable disease, students without documented vaccination or other proof of immunity may be asked to leave the site.

Student Name: _____

CTY Student ID: _____

Student Date of Birth: ____/____/____

CTY Site Location: California ☐ Maryland ☐ Pennsylvania ☐ Rhode Island ☐

The above-named person has not received the indicated vaccine(s). Please check all that apply.

Required Immunizations	Doses
Tetanus Booster (within 10 years) TT, Td, Tdap, or DTap	Dose 1: <input type="checkbox"/>
MMR (2 doses)	All Doses: <input type="checkbox"/> Dose 2: <input type="checkbox"/>
Measles	All Doses: <input type="checkbox"/> Dose 2: <input type="checkbox"/>
Mumps	All Doses: <input type="checkbox"/> Dose 2: <input type="checkbox"/>
Rubella	All Doses: <input type="checkbox"/> Dose 2: <input type="checkbox"/>
Varicella (2 doses)	All Doses: <input type="checkbox"/> Dose 2: <input type="checkbox"/>
Hepatitis B. (3 doses, last one on or after 24 weeks of age)	All Doses: <input type="checkbox"/> Dose 2: <input type="checkbox"/> Dose 3: <input type="checkbox"/>
IPV/OPV (Polio) (3-4 doses, with 1 after 4 th birthday)	All Doses: <input type="checkbox"/> Dose 2: <input type="checkbox"/> Dose 3: <input type="checkbox"/> Dose 4: <input type="checkbox"/>
DTaP (3-5 doses)	All Doses: <input type="checkbox"/> Dose 2: <input type="checkbox"/> Dose 3: <input type="checkbox"/> Dose 4: <input type="checkbox"/> Dose 5: <input type="checkbox"/>
Additional Tdap (students in 7 th grade or above)	Dose 1: <input type="checkbox"/>
Rhode Island Only (all students)	
Hepatitis A	All Doses: <input type="checkbox"/> Dose 2: <input type="checkbox"/>
Maryland, New York, Pennsylvania and Rhode Island 7th grade and Above	
Meningococcal	Dose 1: <input type="checkbox"/>

I certify, as a parent/guardian, that the above-named student has not been given the indicated vaccine dose(s) because receiving them conflicts with my religious beliefs or practices.

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Signature.: _____

Date: ____/____/____