



MEDICAL EXEMPTION OR RELIGIOUS EXEMPTION FOR COVID-19 VACCINE

Student Name _____ Date of Birth _____
please print

Immunization Exemptions: I request that the above named student be exempt from the COVID-19 vaccine requirement. I have received and read the [Centers for Disease Control](#) educational materials explaining COVID-19 and vaccines and hereby acknowledge the following:

Initials _____ I understand the benefits of and the risks of the COVID-19 vaccines.

Initials _____ I understand the risk of contracting COVID-19.

Initials _____ I understand the risk of transmitting COVID-19 to others.

Initials _____ I understand that, due to the current COVID-19 emergency, **an exempt student may be required to continue with certain COVID-19 precautions as determined by law, the MA Department of Public Health, and/or the College. These may include, but are not limited to, continued participation in COVID-19 testing, physical distancing, and/or isolation and quarantine for a period of time to be determined by the MA Department of Public Health (105 CMR 300.00).** Information regarding any required precautions will be made available by the College and may be modified, updated or replaced from time to time as circumstances and legal requirements evolve. **Information reflecting my immunization status may be used by the College for these purposes.**

_____ This exemption request is for Medical Reasons. **For a Medical exemption, Health Services requires documentation from a healthcare provider.**

_____ This exemption request is for Religious Reasons. By checking this box, the signatory below certifies that receiving a COVID-19 vaccine would conflict with the student's sincere religious beliefs. **Philosophical exemptions are not allowed by law in Massachusetts.**

I understand that students may be asked annually to submit their immunization status in writing.

Signature of student (over age 18)

Date

Signature of parent/guardian of student under age 18

Date

Print parent/guardian's name