

## **Student Vaccine Exemption Request Form**

## 2024-2025 Academic Year

l,				_, am a studen	t at MCPHS	and request that I be exempt from the
requirem	ent to receive the f	ollowing vaccii	nations (Massach	usetts Departr	nent of Pub	lic Health, 105 CMR 220.600 -700):
○ All	O Hepatitis B	$\bigcirc$ MMR	○ Varicella	○TDaP	◯ Flu	OCOVID-19 Other:
l request	that I be exempt fro	om the require	ment to receive t	he above imm	unizations b	ased on one of the following criteria:
* All r med		requests <u>must</u> dition to comp	t <b>be verified with</b> leting this form. P	a letter (on	official lette	ation.  erhead, with a signature) from the student's a medical clinician stating which immunizations
* I cei	rtify that the receip	t of a vaccine o	r immunization w	ould conflict v	vith or viola	ased or religious beliefs. te my sincere faith-based or religious beliefs. teness of the requested accommodation:
Please ini	n immunization for the pard of public health is understand that being eath, resulting from all understand and agree impus or in MCPHS gearveillance, and Isolat understand and agree is override site require munizations required ademic program. If am in a program with quirements.	lerstand the formal that in the even that in the even that in the even that in the constitution of the con	Ilowing in making tof an outbreak of disease and will fol mmunicable disease may put me at great ss outbreak. Or more cases of a variety of the Requirements (con requirements for and faith-based exempts) I will contact the sements, I will contact the sements of the sements, I will contact the sements of the sements o	a communicable flow MCPHS pose. er risk of seriou vaccine-prevents o isolation or qu 105 CMR 300.00 or clinical rotation comptions may be or other activities	e disease I wi icies and pro s personal illr able disease of arantine in act (0) and MCPH ns are set by accepted at s with patien ordinator to	Il (at my own expense) either leave campus or receive tocols as well as the recommendations of the local ness and/or medical complications, including possible or any other communicable disease are present on accordance with the Massachusetts Reportable Disease. It policies and protocols. Clinical sites, and MCPHS does not have the authority the discretion of clinical sites. Failure to obtain all the contact may negatively impact progression in my discuss how waivers may affect my clinical rotation inization requirement(s) by August 1st of each academia
-	<b>vour request</b> : You mus ecked above. For medi					ount to the tab associated with each immunization provider.
Signature	:				Date:	
					MCPHS IE	) Number:
Name: _	Lact		Firet			