



Student Vaccine Exemption Request Form

2025-2026 Academic Year

I, \_\_\_\_\_, am a student at MCPHS and request that I be exempt from the requirement to receive the following vaccinations (Massachusetts Department of Public Health, 105 CMR 220.600 -700):

- Radio button options: All, Hepatitis B, MMR, Varicella, Tdap, Flu, COVID-19, Other: \_\_\_\_\_

I request that I be exempt from the requirement to receive the above immunizations based on one of the following criteria:

Radio button: I request a medical exemption because of a medical contraindication to immunization.
\* All medical exemption requests must be verified with a letter (on official letterhead, with a signature) from the student's medical provider...

Radio button: I request a faith-based or religious exemption based on my sincerely held faith-based or religious beliefs.
\* I certify that the receipt of a vaccine or immunization would conflict with or violate my sincere faith-based or religious beliefs. Please explain your faith-based/religious practice or belief to confirm the appropriateness of the requested accommodation:

Horizontal lines for providing details for the faith-based exemption.

Massachusetts law does not allow for philosophical exemptions, even if they are signed by a physician. Only medical and faith-based/religious exemptions are acceptable.

Please initial below you understand the following in making this request for an exemption:

- Checkboxes for understanding outbreak response, risks of not immunizing, campus isolation, clinical site requirements, and resubmission deadlines.

To process your request: You must fully complete this form and upload it to your CastleBranch account to the tab associated with each immunization that you checked above. For medical exemptions, you must also include a letter from your medical provider.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_
Last First

MCPHS ID Number: \_\_\_\_\_