

Student Vaccine Exemption Request Form

2025-2026 Academic Year

l,				_, am a studen	t at MCPHS	and request that I be exempt from the
requiren	ment to receive the f	following vacci	nations (Massach	usetts Departi	ment of Pub	lic Health, 105 CMR 220.600 -700):
○ All	○ Hepatitis B	∩MMR	○ Varicella		○ Flu	○ COVID-19 ○ Other:
l request	t that I be exempt fro	om the require	ment to receive t	he above imm	unizations b	pased on one of the following criteria:
* All <u>me</u>	· · · · · · · · · · · · · · · · · · ·	requests <u>mus</u> t dition to comp	t be verified with leting this form. P	a letter (on	official lett	ation. erhead, with a signature) from the student's a medical clinician stating which immunizations
* I ce	ertify that the receip	t of a vaccine o	or immunization w	ould conflict v	vith or viola	ased or religious beliefs. te my sincere faith-based or religious beliefs. Iteness of the requested accommodation:
1	in immunization for the poard of public health is understand that being leath, resulting from a understand and agree sampus or in MCPHS geturveillance, and Isolat understand and agree to override site requiremunizations required icademic program. If I am in a program with equirements.	that in the even e communicable related to the co g unimmunized n n infectious illne that when one e eographical area ion and Quarant that immunizat ments. Medical d to participate i	at of an outbreak of disease and will for mmunicable disease nay put me at great ss outbreak. Or more cases of a vortice in Requirements (it ion requirements for and faith-based exemple in clinical rotations of the second state of the second secon	a communicabillow MCPHS pole. er risk of serious accine-prevent oisolation or qualities amptions may bor other activities accined to the communication of th	e disease I willicies and prosserved able disease arantine in a pool and MCPI ons are set by a accepted at es with patier ordinator to	ill (at my own expense) either leave campus or receive of tocols as well as the recommendations of the local mess and/or medical complications, including possible or any other communicable disease are present on ecordance with the Massachusetts Reportable Diseases at policies and protocols. It clinical sites, and MCPHS does not have the authority of the discretion of clinical sites. Failure to obtain all at contact may negatively impact progression in my discuss how waivers may affect my clinical rotation inization requirement(s) by August 1st of each academic
-	your request: You must necked above. For med					ount to the tab associated with each immunization provider.
Signature	e:			-	Date:	·
					MCPHS II	O Number:
Name: _	 Last		First			