

IMMUNIZATION WAIVER FOR RELIGIOUS OR MEDICAL REASONS

Certification for Religious Waiver

Due to my sincerely held religious beliefs, I am exempt from presenting proof of immunizations otherwise required for postsecondary students under Massachusetts law. I understand that this exemption applies only the case of sincerely held religious beliefs, and does apply to philosophical, political, or other objections to immunization, and does not apply to doubts about the efficacy or safety of vaccines. I also understand that in the event of an epidemic of disease or other emergency relating to the infectious diseases to which the immunization requirements otherwise apply, I may be required to quarantine and/or be excluded from campus and other college activities and/or subject to such other measures as College or public health officials may determine, in which case I will not be entitled to any refund of tuition, fees, or other expenses nor excused from any academic or other responsibilities except in the College's sole discretion.

Student (Print Name) _____ D.O.B. _____

Student Signature _____ Date _____

☐ Check here if student is under age 18. If checked, this Exemption must also be signed by Parent or Legal Guardian.

Parent/ Legal Guardian Signature: _____ Date _____

Certification for Medical Waiver

I am exempt from presenting proof of immunizations otherwise required for postsecondary students under Massachusetts law for medical reasons, which is supported by the **attached certification by a physician who has personally examined me and in whose opinion my physical condition is such student is such that my health would be endangered by any such immunization.** I understand that if the College's physician disagrees with this opinion, the matter will be referred to the Commonwealth's Department of Public Health, whose decision will be final.

Student (Print Name) _____ D.O.B. _____

Student Signature _____ Date _____

☐ Check here if student is under age 18. If checked, this Exemption must also be signed by Parent or Legal Guardian.

Parent/ Legal Guardian Signature: _____ Date _____

THIS FORM MUST BE RENEWED ANNUALLY AT THE START OF EACH SCHOOL YEAR