Center for Health & Wellness

A Department of Student Affairs



Request For Exemption From Vaccination And Immunization

I	, am requesting exemption from the Massachusetts vaccination and
immunization require	ments based on:
☐ Religious ground	s. Receipt of vaccination and immunization would conflict with his/her sincere religious beliefs.
☐ Medical grounds	(please explain)
until the period of	the event of an outbreak of any of the vaccine-preventable diseases on campus I may be excluded from campus and classes communicability is passed. I further understand that the College will not be responsible for any costs associated with missed from housing during the period of communicability and that no refund will be made.
Signature:	Date:
(under age 18) enroll immunization require	ian having control of and responsibility for, a minor ed in Middlesex Community College, I request that said minor be exempt from the Massachusetts vaccination and ments based on: Is. Receipt of vaccination and immunization would conflict with his/her sincere religious beliefs. (please explain)
campus and classes	the event of an outbreak of any of the vaccine-preventable diseases on campus my son/daughter may be excluded from until the period of communicability is passed. I further understand that the College will not be responsible for any costs
	sed classes or exclusion from housing during the period of communicability and that no refund of such costs will be made.
All medical exempti	Date: ions must be verified with a letter from a medical provider. It must specify which immunization(s) cannot be given and the ents the administration of the vaccine.
RETURN TO:	Center for Health & Wellness Bedford Campus Center - Room 211 591 Springs Road • Bedford, MA 01730 Center for Health & Wellness Lowell Campus City Building - Room G04 33 Kearney Square • Lowell, MA 01852

Phone: 978-656-3235

☐ Entered in Banner

Phone: 781-280-3765

☐ Electronic scan

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