



Student Vaccine Exemption Request Form 2023-2024 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):

All Hepatitis B MMR Varicella TDaP Flu COVID-19 Other: _____

I request that I be exempt from the requirement to receive the above vaccinations and immunizations based on:

• **Medical grounds.** *Please explain:*

* *All medical exemption requests **must be verified with a letter (on official letterhead, with a signature) from the student’s medical provider**, in addition to completing this form. It must specify which immunization(s) cannot be given and certify that the provider has personally examined the student and is of the opinion that the student’s health would be endangered by the immunization.*

• **Religious grounds.** I certify that the receipt of a vaccine or immunization would conflict with or violate my sincere religious beliefs.

In making this request for an exemption:

- I understand and agree that in the event of an outbreak of a communicable disease I will (at my own expense) either leave campus or receive an immunization for the communicable disease and will follow MCPHS University’s policies and protocols as well as the recommendations of the local board of public health related to the communicable disease.
- I understand and agree that when one or more cases of a vaccine-preventable disease or any other communicable disease are present on campus or in MCPHS University’s geographical area, I may be subject to isolation or quarantine in accordance with the Massachusetts Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements (105 CMR 300.000) and MCPHS University policies and protocols.
- I understand and agree that immunization requirements for clinical rotations are set by clinical sites, and MCPHS University does not have the authority to override site requirements. Medical and religious exemptions may be accepted at the discretion of clinical sites. Failure to obtain all immunizations required to participate in clinical rotations or other activities with patient contact may negatively impact progression in my academic program. If I am in a program with clinical requirements, I will contact my Clinical Coordinator to discuss how waivers may affect my clinical rotation requirements.
- I understand and agree that I must resubmit my request for an exemption to the immunization requirement(s) annually.

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

Signature: _____ Date: _____

Name: _____ Date of Birth: _____
Last First Middle

MCPHS University ID Number: _____

Questions? Contact Student Immunizations Compliance: immunization@mcphs.edu