

Request for Student Vaccine Exemption 2021–2022

Emerson College Center for Health and Wellness

Form must be signed and uploaded to the Student Health Portal by **July 15, 2021**.

I, _____, as a student at Emerson College, request that I be exempt from the following vaccines that are required by Massachusetts Department of Public Health (105 CMR 220.600-700) and/or required by Emerson College (COVID-19 vaccine).

All Hepatitis B MMR Varicella Tdap Meningitis (Meningococcal waiver form also required) COVID-19

I request that I may be exempt from the above vaccination and immunization requirements, based on

Medical grounds. *Please explain.*

**All medical exemptions must be verified with a letter from a medical provider. It must specify which immunization(s) cannot be given and the condition that prevents the administration of the vaccine.*

Religious grounds. Receipt of vaccination and immunization would conflict with my sincere religious beliefs
Please explain: _____

I agree that I will follow Emerson College procedures and precautions with respect to COVID-19, whether issued for the campus as a whole or for unvaccinated individuals in particular. Such procedures and precautions may include, but are not limited to, wearing face-coverings and maintaining a designated physical distance from others.

I 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 follow the recommendations of the local board of public health or other public health authority with respect to the communicable disease. I will also follow other Emerson College procedures and precautions, including with respect to COVID-19.

In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a school, all susceptible, including those with medical or religious exemptions, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000)

After receiving this form, the College will be in touch with students to review the medical or religious exemption request.

Student (Print Name) _____ Date of Birth: _____

Student Signature _____ Date: _____

Address (Local/ On Campus) _____

If under 18, Parent/Guardian Signature: _____ Date: _____

Note: the Massachusetts Department of Public Health requires this waiver to be renewed annually with respect to vaccinations required by state law and Emerson College requires that it be renewed annually with respect to the COVID-19 vaccine.