

Request For Exemption From Vaccination And Immunization

D I _____, am requesting exemption from the Massachusetts vaccination and immunization requirements based on:

D Religious grounds. Receipt of vaccination and immunization would conflict with my sincere religious beliefs.

D Medical grounds* (please explain) _____

I understand that in the event of an outbreak of any of the vaccine-preventable diseases on campus I may be excluded from campus and classes until the period of communicability is passed. I further understand that the College will not be responsible for any costs associated with missed classes or exclusion from housing during the period of communicability and that no refund will be made.

***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.**

Signature: _____ Student ID: **A00** _____ Date: _____

D As a parent or guardian having control of and responsibility for _____, a minor (under age 18) enrolled in Middlesex Community College, I request that said minor be exempt from the Massachusetts vaccination and immunization requirements based on:

D Religious grounds. Receipt of vaccination and immunization would conflict with his/her sincere religious beliefs.

D Medical grounds* (please explain) _____

I understand that in the event of an outbreak of any of the vaccine-preventable diseases on campus my son/daughter may be excluded from campus and classes until the period of communicability is passed. I further understand that the College will not be responsible for any costs associated with missed classes or exclusion from housing during the period of communicability and that no refund of such costs will be made.

Signature: _____ Student ID: **A00** _____ Date: _____

***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.**

RETURN TO:

Lowell Campus
Cowan Center • 3rd Floor, Room 314
33 Kearney Square, Lowell, MA 01852
Phone: 978-656-3235 Fax: 978-656-3421
RECORDS@middlesex.mass.edu

OR

Bedford Campus - Student Information Center
Enrollment Center • 1st Floor
591 Springs Road, Bedford, MA 01730
Phone: 978-656-3235 Fax: 978-656-3421
RECORDS@middlesex.mass.edu