



Student Vaccine Exemption Request Form

2025-2026 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 Other: _____

I request that I be exempt from the requirement to receive the above immunizations based on one of the following criteria:

☐ I request a medical exemption because of a medical contraindication to immunization.

** 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. Please attach a letter from a medical clinician stating which immunizations are contraindicated and the medical reason*

☐ I request a faith-based or religious exemption based on my sincerely held faith-based or religious beliefs.

** I certify that the receipt of a vaccine or immunization would conflict with or violate my sincere faith-based or religious beliefs. Please explain your faith-based/religious practice or belief to confirm the appropriateness of the requested accommodation:*

Massachusetts law does not allow for philosophical exemptions, even if they are signed by a physician. Only medical and faith-based/religious exemptions are acceptable.

Please initial below you understand the following 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 policies and protocols as well as the recommendations of the local board of public health related to the communicable disease.
- ☐ I understand that being unimmunized may put me at greater risk of serious personal illness and/or medical complications, including possible death, resulting from an infectious illness outbreak.
- ☐ 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 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 policies and protocols.
- ☐ I understand and agree that immunization requirements for clinical rotations are set by clinical sites, and MCPHS does not have the authority to override site requirements. Medical and faith-based 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) by August 1st of each academic year I am enrolled at MCPHS.

To process your request: You must fully complete this form and upload it to your DISA Healthcare Technology CastleBranch "MyCB" account to the tab associated with each immunization that you checked above. For medical exemptions, you must also include a letter from your medical provider.

Signature: _____

Date: _____

Name: _____
Last First

MCPHS ID Number: _____