

Religious Accommodation Request Form for Immunization Exemption (Student)

Massachusetts Law does not allow for philosophical exemptions, even if signed by a physician.
Only medical and religious exemptions are acceptable/allowed.

Name: _____

Student ID: _____

Phone number: _____

Email: _____

Program of study: _____

Campus: _____

- ☐ I am requesting religious accommodation for immunization exemption* for the following mandatory vaccines based on my sincere religious beliefs: _____

(Please note our assessment requires an interactive process and we may ask for additional documentation or clarification to help us better understand and assess your request. Letters from faith leaders are not required but may be helpful.)

**If you are a student at the Veterinary School in Grafton with responsibility for animals, a rabies vaccine may be required. The OEO will review and assess such a request in accordance with our accommodation process.*

Please specify the religious or spiritual belief, practice, or observance that is the basis of your request for exemption from the University's immunization requirement.

Please explain the nature of the conflict between the immunization requirement and your religious or spiritual belief, practice, or observance.

Informed Consent

I understand the following if my request for religious accommodation exemption is granted:

- I understand that infectious illness can spread easily in a school environment. There have been increasing numbers of outbreaks over the past several years in U.S. institutions of higher education. If I am approved for an exemption, I understand I may be required to follow more stringent public safety protocols because I am not vaccinated and these protocols are for the health and safety of myself and others at Tufts University.
- I understand that refusing immunization may put me at greater risk of serious personal illness and/or medical complications, including possible death, resulting from an infectious illness outbreak.
- If an outbreak of a vaccine-preventable illness occurs and I am exposed or become subject to a vaccine-preventable illness, I may be required to leave campus for the duration of the outbreak.
- If my particular program of study involves patient care responsibilities or engagement with at-risk vulnerable populations and I become aware of personal exposure to a vaccine-preventable illness or become subject to a vaccine-preventable illness, I will inform my program immediately. I understand I may need to take additional measures to mitigate risk to others including potentially not being able to participate in clinical or patient-care activities for the duration of my exposure or illness.
- I understand that an off-campus clinical rotation or externship site may not accept my Tufts approved accommodation, in which case I will work with OEO and my program to identify potential alternative accommodations or identify a different site for my participation, if possible.
- In the event of an emergency or epidemic/pandemic of disease declared by the Department of Public Health, this exemption may be revoked, and I may be required to leave campus for the duration of the emergency or epidemic/pandemic or agree to be vaccinated.

Verification and Accuracy

I verify that my religious belief(s) or practice(s) that prompt(s) this request for religious accommodation are sincerely held. By signing below, I verify the truth and accuracy of my statements on this form. I understand that although the specific accommodation I have requested may not be granted, the University will attempt to provide a reasonable religious accommodation that does not create an undue hardship for the University if such an accommodation is available. I understand any religious accommodation granted now may be reviewed periodically by the University to ensure it is reasonable and does not create an undue hardship at a later date. I understand the University prohibits retaliation for requesting religious accommodation, and if I should have any concerns about retaliation, I will report

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them immediately to OEO. I acknowledge that if my request for exemption is for religious reasons(s), Tufts University may ask me to document my religious practice or belief or consult religious scholars or leaders either to confirm or provide more useful information regarding the appropriateness of the requested accommodation.

Student Name: _____

Student Signature: _____

Date: _____

Summary of next steps:

1. Once received, OEO will acknowledge and discuss with you.
2. Following a collaborative and interactive process, you will be notified of the accommodation decision in writing.

Please return the completed signed form to the address below or send via fax or email to:

Tufts University Office of Equal Opportunity

196 Boston Avenue, Suite 4000B

Medford, MA 02155

Phone: 617.627.6363

Fax: 617.627.3075

Accommodations.OEO@tufts.edu

If you have any questions about this form or about the OEO religious accommodation policy (<https://oeo.tufts.edu/policies-procedures/accommodation-policies/religious-accommodation/>) please contact the OEO Accommodations Team at Accommodations.OEO@tufts.edu.

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