

Informed Consent

I understand the following if my request is granted:

- I understand that infectious illness can spread easily in a school environment. There have been increasing numbers of measles and mumps outbreaks over the past several years in US institutions of higher education.
- 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.
- If an outbreak of a vaccine-preventable illness occurs and I am exposed or becomes subject to a vaccine-preventable illness, I may be required to leave campus for the duration of the outbreak.
- 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.

I verify that the above information is complete and accurate to the best of my knowledge. 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 to confirm the appropriateness of the requested accommodation.

Student or Employee Name: _____

Student or Employee Signature: _____ Date: _____

Please return the completed signed form to the address below or send them by fax (please adhere to HIPPA regulations and call before faxing) to:

Johny Lainé
Accommodation Specialist
196 Boston Avenue, Suite 4000B
Medford, MA 02155
Phone: 617-627-6363
Fax: 617-627-3075



Office of Equal Opportunity, (OEO)

Authorization for Release of Medical Information

TO:

Printed Name of Medical Provider

Address

City State Zip Code Telephone Number

RE:

Name of Patient/Employee/Student Date of Birth

Address

City State Zip Code

Home Telephone Number E-mail

Department

I, _____ authorize my Medical Provider to disclose to Tufts University, Office of Equal Opportunity, the requested information concerning my medical condition, to be used solely for the purpose of evaluating my request for an immunization exemption.

This letter further authorizes OEO to speak to my treating physician or health care provider directly regarding questions s/he may have with respect to my request for an immunization exemption.

I understand that the requested data is for the above-mentioned purposes, and that I may refuse to provide the requested medical information. However, I understand that if I refuse to provide the information, my school may refuse to grant the exemption I have requested.

Signature (patient/Tufts university employee or student)

Date