Immunization Exemption Request Form

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

Name ______________________

Contact number: _______________ Email: ______________________

I am requesting an immunization exemption based on one of the following criteria:

☐ I request a medical exemption because of a medical contraindication to immunization.  
(Please complete the Authorization for Release of Medical Information form and attach letter from medical clinician stating which immunizations are contraindicated and the medical reason.)

☐ I request a religious exemption based on my sincere religious beliefs.  
(Please explain in the space provided below or in an attachment.)

________________________________________________________________________

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________________________________________________________________________
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
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