

***Worcester State University***  
***Student Health Services***

**MEDICAL OR RELIGIOUS VACCINE EXEMPTION**

**In accordance with the Massachusetts College Immunization Law (Massachusetts Department of Public Health, 105 CMR 220) and University policy, students are required to provide verification of immunity against certain illness.**

I, \_\_\_\_\_, am requesting exemption from the following vaccinations:

All

*Required for all students:*

COVID-19

*Required for all full-time students, part-time students in health science program who may be in contact with patients, and full- or part-time students on a student or other visa:*

Hepatitis B

Measles, Mumps, Rubella (MMR)

Varicella

Tetanus, Diphtheria and Pertussis (Tdap)

Meningitis

I request exemption from the above vaccinations based on:

Medical grounds. Please note that Health Services requires verification by a licensed health care provider that specifically addresses the immunization(s) you cannot receive and certifies that the licensed health care provider has personally examined you and is of the opinion that your health would be endangered by the immunization.

Religious grounds. By selecting this reason, you are certifying that the above vaccinations would conflict with or violate your sincere religious beliefs.

**Initials**

\_\_\_\_\_ I certify that, to the best of my knowledge, I am free from any communicable or contagious diseases that may affect the welfare of the college community. I understand that, in the event of an outbreak on campus of any of the vaccine-preventable diseases listed above, I may be excluded from campus and classes until the period of communicability is passed. I further understand that Worcester State University will not be responsible for any costs associated with missed classes, or exclusion from housing during the period of communicability, and that a refund may not be made.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_  
required for students under the age of 18 years of age.

Print Name of Parent/Guardian: \_\_\_\_\_

Student ID \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please return signed form and documentation to:**

**Worcester State University  
Student Health Services  
486 Chandler Street  
Worcester, MA 01602  
Email: [health\\_services@worchester.edu](mailto:health_services@worchester.edu)  
Fax: (508) 929-8075  
Phone: (508) 929-8875**

### **Immunization Exemption Request and Waiver of Responsibility**

*School immunization requirements exist to protect students and members of their community from serious vaccine preventable diseases by ensuring high vaccination rates.*

*Massachusetts students must provide documentation of immunizations according to school requirements.*

*Medical exemptions must come from the student's doctor and document a contraindication, which is the reason why an individual cannot medically receive the vaccine.*

*Religious exemptions come from the student, or if the student is under 18 years of age, from the parent/guardian; and must state in writing that a vaccine conflicts with his/her sincerely held religious belief.*

**In the event of an identified public health risk, emergency, outbreak, or epidemic; exempt individuals may be isolated and/or excluded from campus, including but not limited to all classes, activities, travel and on-campus housing.**

**\*\*\*Any student seeking religious exemption/medical exemption from required vaccines must submit a written statement requesting exemption and sign the waiver form for Worcester State University, Student Health Services at the start of each Academic Year.**