



Request For Exemption from Vaccination and Immunization

_____ (student name) is requesting exemption from the Massachusetts vaccination and immunization requirements based on:

- Religious grounds. Receipt of vaccination and immunization would conflict with sincere religious beliefs.
- Medical grounds*

I understand that in the event of an outbreak of any of the vaccine-preventable diseases on campus I may be excluded from campus and classes until the period of communicability is passed. I further understand that the College will not be responsible for any costs associated with missed classes during the period of communicability and that no refund will be made.

*All medical exemptions must be verified with a letter from a medical provider for the current school year. It must specify which immunization(s) cannot be given and the condition that prevents the administration of the vaccine.

Signature of Student: _____ Student ID number: _____ Date: _____

Complete the following section only if Under 18:

As a parent or guardian having responsibility for _____ a minor (under age 18) enrolled in Quinsigamond Community College, I request that said minor be exempt from the Massachusetts vaccination and immunization requirements based on:

- Religious grounds. Receipt of vaccination and immunization would conflict with sincere religious beliefs.
- Medical grounds*

I understand that in the event of an outbreak of any of the vaccine-preventable diseases on campus, this individual may be excluded from campus and classes until the period of communicability is passed. I further understand that the College will not be responsible for any costs associated with missed classes during the period of communicability and that no refund of such costs will be made.

Signature of Parent/Guardian: _____ Date: _____

*All medical exemptions must be verified with a letter from a medical provider for current school year. It must specify which immunization(s) cannot be given and the condition that prevents the administration of the vaccine.

Please submit this form to immunizations@qcc.mass.edu, along with any supplemental documentation.

This exemption form is NOT for use for Healthcare Majors.

The exemption must be renewed annually.