QUINSIGAMOND Community College

School of Healthcare Medical Exemption Form

It is my understanding that you are seeking a medical exemption waiver of the immunization/health requirements. MGL Chapter 76, Section 15C, permits a waiver of the immunization requirement if a student and physician state that a student has physical condition, and any such immunization would endanger the student's health. To be eligible for consideration for a medical exemption waiver, please submit this form to Health Compliance at healthcompliance@qcc.mass.edu

Healthcare Provider Section:

I have personally examined _____ and certify that this student's health would be endangered by receiving (specify immunization) _____ as set forth in M.G.L., C.76, S.15C.

Physician's Signature: _____ Date:_____

Print Last name:_____ Address:_____

City: _____ State: _____ Zip: _____

Telephone: _____

Student Section:

Please be advised that health programs include clinical practicum at healthcare facilities. Those facilities require all persons engaged in patient care to provide documentation of immunization or demonstrate immunity to communicable diseases as stated in the clinical contracts. If you are unimmunized, not immune to communicable diseases, or do not meet the health requirements as stated in clinical contracts, the clinical facilities reserve the right to consider you ineligible for clinical placement. QCC cannot guarantee clinical placement for students seeking a medical exemption if the student does not meet the clinical requirements stated in the clinical contracts. Please note that satisfactory completion of clinical practicum is a mandatory component of healthcare education, therefore, students who are deemed ineligible for clinical placement are unable to complete the health program.

I _____, read the above information and have been informed that a clinical facility may consider me ineligible for clinical placement, therefore, I may be unable to complete the health program.

Name: _____ Student ID: _____

Signature: _____ Date: _____