

Immunization Accommodation Request Form

Massachusetts Law does not allow philosophical exemptions, even if signed by a physician.

Only medical and religious accommodations are acceptable.

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

- I request a medical accommodation because of a medical contraindication to immunization. Attach letter from medical clinician stating which immunizations are contraindicated and the medical reason. The letter must be on the medical clinician's letterhead and include their contact information and medical license number and expiration date.

Please note, all religious accommodations are reviewed and approved by the [Office of Equal Opportunity \(OEO\)](#). Students requesting religious accommodations must complete the [OEO immunization accommodation form](#) and email it to oeo@tufts.edu with a copy to [Johny Laine](#) at johny.laine@tufts.edu.

Informed Consent:

I understand and agree to 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 puts 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/or if I am exposed or become subject to a vaccine-preventable illness, I may be required to leave campus for the duration of the outbreak and will accept the associated academic consequences up to and including withdrawal from the University.
- In the event of an emergency or epidemic of disease declared by the Department of Public Health, this exemption will be revoked, and I may be required to leave campus for the duration of the emergency or epidemic and will accept the associated academic consequences up to and including withdrawal from the University.

Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Email: _____

Return to: Tufts University Health Service, 124 Professors Row, Medford, MA 02155

Or

Via the [Patient Portal](#) to "Immunization Reviewer"