Immunization Exemption Request Form

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

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. Medical exemptions come from the student’s primary healthcare provider or medical specialist and must document a contraindication — the reason why an individual cannot medically receive the vaccine. Please, attach letter from medical clinician supporting your request for exemption for Health Service’s review and consideration.

Please note, all religious exemptions are reviewed and approved by the Office of Equal Opportunity (OEO). Students requesting religious exemption must complete the OEO immunization exemption 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
Fax to: “Attention Immunization Coordinator” at 617-627-3592
Rev 5/6/21