

## **Medical Vaccine Exemption Request Form**

Massachusetts General Law ([M.G.L. c. 76, § 15](#)) requires proof of immunization and/or immunity to vaccine-preventable diseases of all students.

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

*Vaccines are one of the great public health advances of the 20th century, and prevent hundreds of thousands of illnesses in the US every year. Vaccines protect both the person vaccinated and those around them from serious diseases, a concept known as herd immunity. Herd immunity protects other members of the community, such as babies too young to be vaccinated or those who cannot receive immunizations because of a medical condition.*

*Massachusetts students must provide documentation of immunization according to school requirements, or request a medical or religious exemption. Medical exemptions come from the student's doctor and document a contraindication, which is a reason why an individual cannot medically receive the vaccine. Religious exemptions come from the student, or if under 18 the parent/guardian, and state in writing that a vaccine conflicts with his/her sincerely held religious belief. Philosophical exemptions are not recognized nor allowed under Massachusetts General Law and are not accepted by Mount Holyoke College.*

*Massachusetts Department of Public Health Reference: <https://www.mass.gov/service-details/school-immunizations>*

Effective Spring 2021, Mount Holyoke College requires that all students, absent a medical or religious exemption, be vaccinated for Covid-19 with an [FDA-EUA](#) or [World Health Organization](#) approved vaccine.

**Medical Exemption may be granted if a treating provider (MD, DO, NP or PA; this individual cannot be a casual acquaintance or family member) submits this completed, signed, and dated exemption form, indicating that in their professional opinion, immunization is medically contraindicated, and including the nature of the contraindication, rationale, risk to the health of the individual, and expected extent or duration of the contraindication (E.g., if it is permanent or temporary and for how long).**

### **Exemption requests are subject to the following conditions:**

- Exemption requests may be referred to the Massachusetts Department of Public Health at the discretion of Mount Holyoke College.
- In the event of an identified public health risk, emergency, outbreak, epidemic, or potential exposure, exempt individuals may be isolated, quarantined and/or excluded from campus, including but not limited to all classes, activities, travel, and on-campus housing.
- Exemptions must be submitted to the Health Services prior to the start of their first on-campus semester. This waiver will suffice for the duration of the student's tenure at Mt Holyoke College.

***Please complete the following 2 sided form and submit to the Health Services using one of the following methods:***

- Mail to Mount Holyoke College, Health Services, 50 College St, South Hadley MA 01075
- Email to [Health@mtholyoke.edu](mailto:Health@mtholyoke.edu)



**Medical Vaccine Exemption Request Form**

**Section I: Student Information (to be completed by Student or Parent/Guardian-if student is under 18)**

Last Name	First Name	Date of Birth	Email	MHC ID #

I request an exemption for all vaccines, or

I am requesting exemption from the following required vaccines: \_\_\_\_\_

**Initial before each statement:**

\_\_\_\_\_ I have reviewed the aforementioned vaccine exemption information.

\_\_\_\_\_ I agree to hold Mount Holyoke College harmless in the event of any illness, injury, or costs due to or resulting from my declination of required immunizations.

\_\_\_\_\_ I understand that I may be required to adhere to disease control strategies recommended by public health authorities for non-vaccinated individuals, including but not limited to wearing a mask, practicing social distancing, being isolated/quarantined from campus, and/or being excluded from campus and/or college activities (e.g., classes, activities, travel, and on-campus housing) for the protection of my personal health and the health of the community, as determined by Mount Holyoke College and/or local, state or federal public health authorities.

\_\_\_\_\_ I understand that my exemption request will be evaluated on a case-by-case basis, is not automatic, and may not be granted if it is unreasonable, poses a direct threat to the health and/or safety of myself or others, or creates an undue hardship for Mount Holyoke College.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If student is under 18, a parent or guardian must also sign:

**Print Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent/Guardian if under 18

**Please have your medical provider complete section II on the following page/other side**

**Medical Vaccine Exemption Request Form**

**Section II: Medical Provider Certification (to be completed by a medical provider, who is not related to student)**

I certify that my patient (named above) should not be vaccinated because they have the following contraindication(s):

Documented anaphylactic allergic reaction or other severe adverse reaction to any vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. (Generally does not include gastro-intestinal symptoms as the sole presentation of allergy).

Describe the specific reaction: \_\_\_\_\_

Documented allergy to a component of the vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. Describe the specific reaction: \_\_\_\_\_

Other documented contraindications--Please explain: (This option to be reviewed for medical approval by Health Services.)

I certify that this contraindication is:

The contraindication is temporary and subject to medical review in \_\_\_\_ months, or

The contraindication is permanent

*I have reviewed the above named student's request for medical exemption from required vaccines, and attest to the veracity of the student's statement. I support this student's request for medical exemption. Please see my statement of explanation, including medical contraindication and rationale.*

<b>Clinician name (print):</b> _____	<b>Clinician's address (or stamp):</b>
<b>Clinician signature:</b> _____	
<b>Date:</b> _____	