



Required Immunization Religious Exemption Request and Waiver of Responsibility

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

Religious exemption requests are reviewed by the Health Services and subject to the following conditions:

- Religious Exemption is allowed if a student submits a signed and dated statement that (an) immunization(s) conflict(s) with the student's sincerely held religious beliefs.
- If a student is under age 18, their parent/guardian must ALSO complete, sign, and date the attached exemption form attesting to the conflict the vaccination poses to *their/their family's* sincerely held religious beliefs.
- Exemption requests may be referred to the Massachusetts Department of Public Health at the discretion of Mount Holyoke College.
- Philosophical or partisan exemptions are not recognized nor allowed under applicable laws and are not accepted by Mount Holyoke College.

In the event of an identified public health risk, emergency, outbreak, or epidemic, exempt individuals may be isolated and/or excluded from campus, including but not limited to all classes, activities, travel, and on-campus housing, at their own expense.

Any student seeking a religious exemption from any required vaccines must submit this completed and signed attestation of the conflict between their strongly held religious beliefs and receiving the required vaccinations to the Health Services office prior to the start of their first on campus semester which will suffice for the duration of the student's tenure at MHC. Students may update this exemption & waiver if/when their religious beliefs change.

Please complete and attach the religious exemption request 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



Religious Vaccine Exemption Request Form

I am requesting exemption from the following required vaccines for religious reasons (please list specific vaccines or check the “all” box):

I request a religious exemption for all vaccines required by MHC for enrolled students

Vaccine exemption information:

- Vaccines protect one’s personal health and the public health of a community.
- In the event of an identified public health risk, emergency, outbreak, or epidemic, unvaccinated individuals may be isolated and/or excluded from campus, including but not limited to all classes, activities, travel, and on-campus housing.
- MHC adheres to applicable Massachusetts law for religious exemptions to required immunizations.
- Attestation of religious beliefs and requests for religious exemptions for required vaccines must be submitted annually while an enrolled student at MHC.

Initial before each statement:

_____ I have reviewed the aforementioned vaccine exemption information.

_____ I attest that the vaccination(s) for the above listed communicable diseases goes against my sincerely held *religious* beliefs, and that my objection to the vaccination(s) is not based solely on grounds of personal philosophy, partisan allegiances, preference, concerns, or inconvenience.

_____ 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 the CDC 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.

Please identify and briefly describe the sincerely held religious belief that is the basis for this exemption request:



I, _____ date of birth _____, request exemption from immunization requirements for religious reasons.

Student Signature: _____ Date: _____

If Student is under the age of 18, a parent or guardian must sign below to confirm agreement with the religious exemption.

Parent/Guardian signature _____ Date: _____

Printed name of Parent/Guardian: _____