

WPI HEALTH SERVICES

REQUEST FOR EXEMPTION FROM VACCINATION AND IMMUNIZATION

As a parent or guardian having control of and responsibility for _____, a minor (under age 18) enrolled at WPI, I request that said minor be exempt from the Massachusetts vaccination and immunization requirements based on:

Religious grounds Receipt of vaccination and immunization would conflict with his/her sincere religious beliefs.

Medical grounds (please explain) _____

I understand that in the event of an outbreak of any of the vaccine-preventable diseases on campus my son/daughter may be excluded from campus and classes until the period of communicability is passed. I further understand that the College will not be responsible for any costs associated with missed classes or exclusion from housing during the period of communicability and that no refund of such costs will be made.

Signature: _____ Date: _____

I _____, am requesting exemption from the Massachusetts vaccination and immunization requirements based on:

Religious grounds Receipt of vaccination and immunization would conflict with my sincere religious beliefs.

Medical Grounds (please explain) _____

I understand that in the event of an outbreak of any of the vaccine-preventable diseases on campus I may be excluded from campus and classes until the period of communicability is passed. I further understand that the College will not be responsible for any costs associated with missed classes or exclusion from housing during the period of communicability and that no refund will be made.

Signature: _____ Date: _____

All medical exemptions must be verified with a letter from a medical provider. It must specify which immunization(s) can not be given and the condition that prevents the administration of the vaccine.

