

**Bentley University
Health Center**

**REQUEST FOR EXEMPTION FROM VACCINATION AND IMMUNIZATION
DUE TO MEDICAL/RELIGIOUS REASONS**

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

Religious grounds: Receipt of vaccines and immunizations 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 University 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. Waivers should be renewed annually at the start of the academic year.

Students Signature: _____ Date: _____

As a parent/guardian having control of and responsibility for _____, a minor (under age 18), enrolled in Bentley University, I request that said minor be exempt from the Massachusetts vaccination and immunization requirements based upon:

Religious grounds: Receipt of vaccines and immunizations 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 University 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. Waivers should be renewed annually at the start of the academic year.

Parent/Guardian Signature: _____ Date: _____

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