

Student Vaccine Exemption 2019–2020

MIT Medical Department
Health Screening
77 Massachusetts Ave. E23-127
Cambridge, MA 02139-4307
Fax: + (1) 617-253-4121

Questions?

- See medical.mit.edu/reportfaq
- Call **617-253-1777**
- Email medrpt@med.mit.edu

Term	Deadline
Summer	May 7, 2019
Fall	July 23, 2019
Spring	January 21, 2020

I, _____, as a student at MIT, request that I be exempt from the following vaccines that are also required by the Massachusetts Department of Public Health (105 CMR 220.600–700):

- All Hepatitis B MMR Varicella Tdap Meningitis
(Meningococcal waiver form also required)

I request that I be exempt from the above vaccination and immunization requirements, based on:

- Medical grounds. *Please explain:*

* 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.

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

- **I agree that in the event of an outbreak of a communicable disease** I will (at my own expense) either leave campus or receive an immunization for the communicable disease and follow the recommendations of the local board of public health pursuant to the communicable disease.
- In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a school, all susceptibles, including those with medical or religious exemptions, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).

student name (please print)

date of birth (month/day/year)

student signature

date signed (month/day/year)

local campus address

city, state, zip code

Note: As of the 2018–2019 school year, the Massachusetts Department of Public Health **requires this waiver to be renewed annually.**