



# Student Vaccine Exemption 2016-2017

MIT Medical Health Screening  
Room E23-177  
77 Massachusetts Ave.  
Cambridge, MA 02139-4307  
Fax: 617-253-4121

Term	Deadline
Summer.....	May 13, 2016
Fall .....	July 29, 2016
Spring.....	January 13, 2017

### Questions?

- See [medical.mit.edu/reportfaq](http://medical.mit.edu/reportfaq)
- Call 617-253-1777
- Email [medrpt@med.mit.edu](mailto:medrpt@med.mit.edu)

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** that 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 (month/day/year)

local/campus address

city, state, zip code