

MIT Influenza (Flu) Vaccine Exemption Request

MIT Medical Department
Health Screening
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I, _____, request that I be exempt from the influenza (flu) vaccine requirement, based on:

Medical grounds. *Please explain:*

* All medical exemptions must be verified with a letter from a medical provider. It must specify 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 influenza outbreak, I may need to leave campus or receive a vaccine and follow the recommendations of the local board of public health. *For those with approved medical or religious exemption from the vaccine requirement, MIT encourages you to practice normal health precautions, including hand washing, not sharing foods, social distancing, and masking in order to protect yourself and the greater MIT community.*

name (please print)

date of birth (month/day/year)

signature

date signed (month/day/year)

local/campus address

city, state, zip code

MIT ID number

How to Submit this Form:

After completing the form, save it and send it as an email attachment to **medrpt@med.mit.edu**. If you are requesting an exemption on medical grounds, be sure to include the verification letter from your medical provider.