

MIT COVID-19 (SARS-CoV-2) Vaccine Exemption Request

MIT Medical Department
Health Screening
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I, _____, request that I be exempt from the COVID-19 (SARS-CoV-2) 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 outbreak of COVID-19 (SARS-CoV-2) I will either leave campus or receive an immunization 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 COVID-related precautions, including 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 **covidteam@med.mit.edu**. If you are requesting an exemption on medical grounds, be sure to include the verification letter from your medical provider.