

Student Vaccine Exemption

I, _____ as a student at WIT, 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) _____ DOB _____

Student Signature _____ Date _____

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.