Office of Equal Opportunity, (OEO)

Immunization Exemption Request Form

Massachusetts Law does not allow for philosophical exemptions, even if signed by a physician. Only medical and religious exemptions are acceptable.

Name: _____ Student ID: _____

Contact number: _____ Email: _____

Program of study: _____ Campus: _____

I am requesting an immunization exemption based on one of the following criteria:

- ☐ I request a medical exemption because of a medical contraindication to immunization. (Please complete the Authorization for Release of Medical Information form and attach letter from medical clinician stating which immunizations are contraindicated and the medical reason.)
- ☐ I request a religious exemption based on my sincere religious beliefs. (Please explain in the space provided below or in an attachment. Please also include as supporting documentation a letter/note from your religious leader/clergy.

196 Boston Ave., 4th Fl., Suite 4000B, Medford, MA 02155 | **Tel**: 617.627.3298 | **FAX**: 617.627.3075 | **WEB**: oeo.tufts.edu

Informed Consent

I understand the following if my request is granted:

- I understand that infectious illness can spread easily in a school environment. There have been increasing numbers of measles and mumps outbreaks over the past several years in US institutions of higher education.
- I understand that being unimmunized may put me at greater risk of serious personal illness and/or medical complications, including possible death, resulting from an infectious illness outbreak.
- If an outbreak of a vaccine-preventable illness occurs and I am exposed or becomes subject to a vaccine-preventable illness, I may be required to leave campus for the duration of the outbreak.
- In the event of an emergency or epidemic/pandemic of disease declared by the Department of Public Health, this exemption may be revoked, and I may be required to leave campus for the duration of the emergency or epidemic/pandemic.

I verify that the above information is complete and accurate to the best of my knowledge. I acknowledge that if my request for exemption is for religious reasons(s), Tufts University may ask me to document my religious practice or belief or consult religious scholars or leaders to confirm the appropriateness of the requested accommodation.

Student Name: _____

Student Signature: _____ Date: _____

Please return the completed signed form to the address below or send them by fax (please adhere to HIPPA regulations and call before faxing) to:

Tufts University Office of Equal Opportunity
196 Boston Avenue, Suite 4000B
Medford, MA 02155
Phone: 617-627-6363
Fax: 617-627-3075

If you have any questions or concerns about this form, please contact either Amin Fahimi Moghadam, Accommodations Specialist, vie email or phone (Amin.Fahimi_Moghadam@tufts.edu or 617-627-3075) or Katherine Vosker, Accommodations Manager and 504 Officer, via email or phone, katherine.vosker@tufts.edu or 617-627-0657.

Office of Equal Opportunity, (OEO)

Authorization for Release of Medical Information

TO:

_____

Printed Name of Medical Provider

_____

Address

_____ _____

City State Zip Code Telephone Number

RE:

_____ _____

Name of Patient/ Student Date of Birth

_____

Address

_____

City State Zip Code

_____ _____

Home Telephone Number E-mail

_____

Department

I, _____ authorize my Medical Provider to disclose to Tufts University, Office of Equal Opportunity, the requested information concerning my medical condition, to be used solely for the purpose of evaluating my request for an immunization exemption.

This letter further authorizes OEO to speak to my treating physician or health care provider directly regarding questions s/he may have with respect to my request for an immunization exemption.

I understand that the requested data is for the above-mentioned purposes, and that I may refuse to provide the requested medical information. However, I understand that if I refuse to provide the information, my school may refuse to grant the exemption I have requested.

_____ _____

Signature (patient/Tufts university student) Date