



Springfield College

263 Alden Street
Springfield, MA 01109
413-748-3175
www.springfield.edu

Health Center

Vaccination Exemption Request Form

Student Name: _____

I, _____, am a student at Springfield College and request that I be exempt from the requirement to receive the following vaccinations (Massachusetts Department of Public Health, 105 CMR 220.600 – 700):

- COVID-19 Hepatitis B Varicella Tdap MMR
 Meningitis (Meningococcal waiver form also required)

Medical Exemption

All medical exemptions must be verified with a letter from the student’s medical provider that clearly states the reason why the student cannot medically receive the vaccine. Please attach signed medical provider’s letter to this request form. **Please see second page for affirmation and signature.**

Medical Provider Name/Address: _____

Medical Provider Contact Information: _____

Religious Exemption

I certify that the receipt of a vaccine would conflict with or violate my sincere religious beliefs.

All religious exemptions must be described, to include the details requested below. If additional space is required, a separate letter may be attached.

- a) The background and foundations of the sincerely-held religious belief(s);
- b) Specific reasoning related to how vaccination would violate those belief(s);
- c) Examples (if available and applicable) of authoritative teaching by religious leaders, and/or organizations with identical or similar beliefs; and
- d) Understanding of the personal and social consequences of vaccination declination, including a formal consent to those consequences.

Explanation

I, _____, affirm that my faith leaders are currently asking followers to decline the COVID-19 vaccine (or other vaccines listed above) based on the following doctrine (please provide citation) and/or for the following reason:

Please see second page for affirmation and signature.

Continued on next page



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All students requesting a medical or religious exemption should complete the section below.

I affirm that the information provided above is true and correct. I understand that Springfield College, with its emphasis on Humanics, has the expectation that no member of our community will provide false or misleading information. I understand that if the information above is found not to be complete, true, or correct, I will be subject to the College's disciplinary process up to and including suspension or expulsion. I further understand that the accommodation/exemption requested may not be granted in its entirety but that the College will attempt to provide a reasonable accommodation through an interactive process which does not create an undue hardship to the College or violate the safety of its community. I further understand that Springfield College may need to obtain supporting documentation regarding my request for a medical or religious exemption. I agree to abide by any and all necessary safety precautions as a result of any approval granted by this request.

I understand and 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 will follow Springfield College's policies and protocols as well as the recommendations of the local board of public health related to the communicable disease. In the event of an outbreak of vaccine preventable disease, Springfield College retains the authority to prevent me from attending classes until the risk of disease transmission has subsided.

I understand that as a student enrolled in certain programs at Springfield College, I may be required to complete a series of fieldwork rotations in various health care facilities. In most cases, if not all, these facilities require all students to be immunized as a precondition for fieldwork placement. If asked by a clinical facility to confirm my immunization status, the College will inform the facility that I am not immunized based upon an exemption. The College has no control over whether a facility will accept you in light of your unimmunized status. We encourage you to discuss this in more detail with your College department and personal physician to determine fieldwork impact.

Student's Printed Name: _____ Date: _____

Student's Signature: _____

Print Name of Parent/Guardian (required for students under the age of 18 years):

Parent/Guardian Signature (required for students under the age of 18 years):
_____ Date: _____

Students requesting medical and religious exemptions are typically notified within approximately five (5) business days of receipt of the request.