UMASS BOSTON UNIVERSITY HEALTH SERVICES

Medical Immunization Exemption

Massachusetts Law (MGL ch 76 sec 15C) and regulation (105 CMR 220) applies to any student attending any postsecondary school. Before entry, students must have the required immunizations unless exempt for medical or religious reasons. In order to claim a **medical** exemption this form needs to be completed, signed by a health care provider authorized to prescribe vaccines, and returned to University Health Services.

A medical exemption may be utilized:

- When vaccine(s) is medically contraindicated.
- When vaccine(s) is or may be detrimental to the student's health.

In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a school, all susceptible, 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). The length of time a student is excluded from school will vary depending on the disease and can range from several days to more than a month.

This form may not be used:

- When vaccine is not indicated due to immunity (e.g. a positive titer to measles, mumps, rubella, hepatitis B, varicella, or history of chickenpox disease). In place of vaccination dates, submit documentation of laboratory results except for chickenpox where healthcare provider report of disease or positive varicella titer are acceptable.
- To exempt students from recommendations of the Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) for a corrective vaccine dose when minimum age, and/or intervals between vaccine doses, were not met.

Complete all information below on behalf of the student. This form may not be altered.

_____ _____ _____ _____ ___/___/___

First Name | Middle Initial | Last Name | UMB ID | MM DD YY Date of birth

Check only the specific vaccine(s) that is or may be detrimental to the patient's health:

☐ HPV	☐ Tdap	☐ Td	☐ Meningococcal B (MenB)
☐ MMR	☐ Varicella	☐ Hepatitis B	☐ COVID-19
☐ Influenza	☐ _____ Other	☐ Meningococcal ACWY (MCV4)	

Reason for medical exemption(s): _____

This exemption will likely continue until: ___/___/_____ (mm/dd/year)

The law requires that the student receive the vaccine(s) for which they are exempted when the vaccine(s) is no longer contraindicated.

_____ (____)_____

Print Name & Credentials of Health Care Provider *** **Telephone**

Address _____

City _____ **State** _____ **Zip** _____

official practice or provider stamp required

_____ ___/___/_____

Signature of Health Care Provider*** **Date**

***Only a health care practitioner authorized to prescribe vaccines may sign this exemption form.