

College of the Holy Cross Health Services
 One College Street
 Worcester, MA
 01610-2395
 508-793-2276 Fax 508-793-3610

MEDICAL EXEMPTION OR RELIGIOUS EXEMPTION FOR COVID-19 VACCINE

Student Name _____ Date of Birth _____
 (Print last, first name)

Immunization Exemptions: I request that the above named student be exempt from the COVID-19 vaccine requirement. I have received and read the [Centers for Disease Control](#) educational materials explaining COVID-19 and vaccines and hereby acknowledge the following:

Initials	I understand the benefits of and the risks of the COVID-19 vaccines.
Initials	I understand the risk of contracting COVID-19.
Initials	I understand the risk of transmitting COVID-19 to others.
Initials	I understand that, due to the current COVID-19 emergency, an exempt student may be required to continue with certain COVID-19 precautions as determined by law, the MA Department of Public Health, and/or the College. These may include, but are not limited to, continued participation in COVID-19 testing, physical distancing, and/or isolation and quarantine for a period of time to be determined by the MA Department of Public Health (105 CMR 300.00). Information regarding any required precautions will be made available by the College and may be modified, updated or replaced from time to time as circumstances and legal requirements evolve. Information reflecting my immunization status may be used by the College for these purposes.
Initials	I understand that if I am an individual with a disability and I believe I require one or more additional disability accommodation(s), I must make a request to the Office of Accessibility Services .
Initials	I understand that if I am requesting a religious accommodation and I believe I require one or more additional religious accommodation(s), I must make a request to the Office of the Director of Title IX and Equal Opportunity .

_____ This exemption request is for Medical Reasons. **For a Medical exemption, Health Services requires documentation from a healthcare provider.**

_____ This exemption request is for Religious Reasons. By checking this box, the signatory below certifies that receiving a COVID-19 vaccine would conflict with the student's sincere religious beliefs. **Philosophical exemptions are not allowed by law in Massachusetts.**

I understand that students may be asked annually to submit their immunization status in writing.

Signature of student (over age 18): _____ Date: _____

Signature of parent or guardian (under age 18): _____