



Request for Medical/Religious Exemption to Vaccination(s)

Name (print): _____ DOB: _____ Student ID: _____

Telephone: _____ E-mail: _____

NEC permits students to request exemption from mandatory vaccination requirements on the following grounds: (1) health-related contraindication to vaccination(s) or (2) vaccination conflicts with a sincerely held religious belief. Students who are requesting exemption for a medical reason must attach a signed and dated letter from their treating primary care or specialty healthcare provider documenting the medical reason for the requested exemption. In accordance with law, NEC does not allow philosophical exemptions, even if signed by a healthcare provider.

This form, along with all required supporting documentation, should be uploaded through the Student Health Portal. The Director of Health Services and relevant administrators in the Office of Student Services will review requests for exemption and may consult with other relevant administrators as necessary. NEC will contact students directly to request additional information, if needed, and will confirm whether or not the request is approved.

Information Supporting Exemption Request:

I wish to be exempt from the following vaccination(s) required by NEC (list all below):

- Measles
- Mumps
- Rubella
- Tetanus
- Diphtheria
- Pertussis
- Hepatitis B
- Meningococcal Quadrivalent (A, C, Y, W-135) *formally MCV4
- Varicella
- Influenza,
- COVID-19

I am requesting an exemption for the following reason: (Check reason below):

- Medical Reason (Please identify the medical reason for the requested exemption and attach a letter from your treating primary care or specialty care provider documenting which immunizations are contraindicated and the medical reason for the requested exemption. Please also identify the health care provider submitting a signed and dated letter supporting this request):

Name of Healthcare Provider Submitting Documentation in Support of Request:

_____ (_____) _____
 Healthcare Provider Telephone

_____ _____ _____ _____
 Address City State Zip Code

- Sincerely held Religious Belief (Please identify your religious affiliation and explain why the vaccination(s) identified above conflict with your sincerely held religious belief(s), attach a letter on a separate sheet(s) as necessary):

My signature below certifies that to the best of my knowledge, I am free of any communicable or contagious disease(s), which may affect the welfare of the Conservatory community.

By my signature below, I authorize the healthcare provider identified on this form to speak with NEC about my health condition(s) if additional information is required to evaluate my request for exemption from vaccination.

Student Signature _____ Date _____

If the student is under the age of 18, this exemption request form must also be signed by the student’s parent or legal guardian.

Parent/ Legal Guardian Name: _____ Date _____

Signature _____

Informed Consent:

- My signature below confirms that I understand and agree to the following if my request is granted:
- I understand that declining vaccination may put me at a greater risk of serious personal illness and/or medical complications, including possible death, resulting from an infectious illness outbreak.

- In situations when one or more cases of a vaccine-preventable or any other communicable disease are present on campus, all susceptible individuals, including those with medical or religious exemptions may be subject to exclusion from campus in accordance with applicable law. (See Reportable Diseases and Isolation and Quarantine Requirements, DPH 105 CMR 300.000)
- In the event of an outbreak of a communicable disease, any approved vaccination exemption may be revoked and that I may (at my own expense) be required to leave campus and/or follow quarantine requirements instituted by NEC in accordance with relevant public health guidance and federal or state requirements, including, without limitation, the Massachusetts Department of Public Health.

Student Signature _____ Date _____

Address (Local/ On Campus) _____

If the student is under the age of 18, the student's parent or legal guardian must also sign this Informed Consent.

Parent/ Legal Guardian Name: _____ Date _____

Signature _____