



Request for Medical/Religious Exemption to COVID-19 Vaccination

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

Name of Parent(s) or Legal Guardian(s) completing this form: _____

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 sent to the Prep School using the NEC Secure Email Portal. Instructions to access this Email portal are included at the end of this form. Please do not send this form in a regular email message. The Dean and Director of the Prep School will review requests for exemption, in consultation with other relevant NEC administrators, including, without limitation, the Director of the Health and Counseling Center. Prep will request additional information, if needed, as part of this review. Once the review is complete, Prep will confirm whether the request is approved.

Information Supporting Exemption Request:

By signing below, I confirm that I am submitting this request to exempt my child from NEC's mandatory COVID-19 vaccination requirement. I understand that if my child is 18 or older at the time this form is submitted, they must also sign this form.

Please select the box below that indicates the reason for the requested exemption to the vaccination requirement and provide all requested information in support of the request.

- Medical Reason (Please identify the medical reason for the requested exemption and attach a letter from your child's 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 child's religious affiliation and explain why the vaccination(s) identified above conflict with your child's sincerely held religious belief(s), attach a letter on a separate sheet(s) as necessary):

I am the parent and/or legal guardian of the child identified on this form. By my signature below, I authorize the healthcare provider identified on this form to speak with NEC about my child's health condition(s) if additional information is required to evaluate my request for exemption from vaccination.

Parent/ Legal Guardian Name: _____

Signature _____ Date _____

If the student is over the age of 18, this exemption request form must also be signed by the student (only complete if applicable).

By my signature below, I acknowledge that I am at least 18 years old as of the date this form is submitted. 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 Name: _____ Date of Birth: _____

Signature _____ Date _____

Informed Consent (Must Be Signed Below):

If the student has more than one parent and/or legal guardian, all parent(s) and/or legal guardian(s) must sign below indicating they have read this informed consent. As the parent and/or legal guardian of the student identified on this form, my signature below confirms that I understand and agree to the following if this request to exempt my child from the COVID-19 vaccination requirement is granted:

- I understand that declining vaccination may put my child at a greater risk of serious 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 my child may (at the expense of parent/legal guardian) 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.

Name of Parent/Legal Guardian (1): _____

Signature _____ Date _____

Name of Parent/Legal Guardian (2): _____

Signature _____ Date _____

[Any additional legal guardians must also write in name(s), sign, and date.]

If the student is 18 or over as of the date this form is submitted, the student must sign below (only complete if applicable).

By my signature below, I acknowledge that I am at least 18 years old as of the date this form is submitted. I confirm that I have read and agree to all of the information on this form, including, but not limited to all of the information in the section titled “Informed Consent.” I affirm that I wish to be exempt from NEC’s COVID-19 vaccination requirement for the reasons identified on this form.

Student Name: _____ Date _____

Signature _____

How to submit the Student Vaccine Declination Form:

Please do not send the forms in a regular email message. Please follow the instructions below to send forms using the NEC Secure Email Portal.

How to use the NEC Secure Email Portal

1. Click this link <https://necmusic.secureemailportal.com/>

2. Click **Register** to create a new account
3. Click **Compose** tab to start a new message
4. Select **Preparatory School** in the Recipient To: drop down menu
5. Upload your completed form as an attachment
6. Use "Preparatory School Vaccine Declination Form" in the Subject of your email
7. Send email

Vaccine Exemption Form rev. 8/2021 3