



## Student Vaccine Exemption 2019-2020

Harvard University Health Services  
Health Information Services  
Cambridge, MA 02138

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Harvard Law School – P: (617) 495-4414 F: (617) 495-8090  
Harvard Business School – P: (617) 495-6455 F: (617) 495-8079  
All other schools – P: (617) 495-2055 F: (617) 495-8077

I, \_\_\_\_\_ am a student at Harvard University and request that I be exempt from the requirement to receive the following vaccinations (Massachusetts Department of Public Health, 105 CMR 220.600 - 700):

All     Hepatitis B     MMR     Varicella     Tdap     Meningitis (Meningococcal waiver form also required)

I request that I be exempt from the requirement to receive the above vaccinations and immunizations based on:

Medical grounds. *Please explain:*

\* All medical exemptions must be verified with a letter from the student's medical provider. It must specify which immunization(s) cannot be given and certify that the provider has personally examined the student and is of the opinion that the student's health would be endangered by the immunization.

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

- **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 Harvard's policies and protocols as well as the recommendations of the local board of public health related to the communicable disease.
- I further understand and agree that when one or more cases of a vaccine-preventable disease or any other communicable disease are present on campus or in Harvard's geographical area, I may be subject to isolation or quarantine in accordance with the Massachusetts Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements (105 CMR 300.000) and Harvard policies and protocols.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Date of Birth (month/day/year)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Local/ Campus Address

\_\_\_\_\_  
HUID

\_\_\_\_\_  
City, State, Zip Code

Upload completed Exemption Form to the Patient Portal (<https://huhs.harvard.edu/patient-portal>)

Note: As of the 2018-2019 school year, the Massachusetts Department of Public Health **requires this waiver to be renewed annually.**