



Immunization Exemption Acknowledgment Form

Student Name: _____ Student Date of Birth: _____

Gordon ID Number: _____

Students who submit documentation requesting a religious or medical exemption from the immunization requirements for university students determined by the Massachusetts Department of Public Health must be aware that in the event of suspected or confirmed case(s) of communicable disease, all susceptible persons, including those with medical or religious exemptions, are subject to exclusion as described in the Massachusetts Department of Public Health's Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).

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 Gordon College's policies and protocols related to the communicable disease. In addition, I agree (at my own expense) to comply with any local, state or federal orders and regulations (e.g. quarantine, isolation etc.)

I understand and agree that exclusion requirements prohibit me from attending on-campus classes or any other on-campus venues, including the residence halls.

I understand and agree that this exclusion will not entitle me to any refund of tuition, fees, or housing costs.

I fully understand the above information and agree to follow the exclusion procedures.

I authorize College Health/Student Life officials to contact my listed emergency contacts to assist me should the need arise for me to quickly leave campus in these circumstances and that I have notified my contacts of this possibility. (List emergency contacts on page 2 of this form.)

Signature of Student: _____

Print Name: _____ Date: _____

Phone Number: _____

Witness Signature: _____

Print Name: _____ Date: _____

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Emergency Contact #1

Name: _____ Phone #: _____

Address: _____

Email Address: _____

Emergency Contact #2

Name: _____ Phone #: _____

Address: _____

Email Address: _____