



### Request for Immunization Exemption

As a parent or guardian with legal responsibility for \_\_\_\_\_, a minor (under age 18) enrolled at Gordon College, I request exemption from Massachusetts College Immunization Requirements on his/her behalf. This request is for:

Religious Exemption - Vaccination/immunization conflicts with sincerely held religious beliefs.

Medical Exemption (please explain):

---

---

---

---

I, \_\_\_\_\_, request exemption from Massachusetts College Immunization Requirements. This request is for:

Religious Exemption - Vaccination/immunization conflicts with sincerely held religious beliefs.

Medical Exemption (please explain):

---

---

---

---

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All MEDICAL EXEMPTION requests must be verified with a signed letter from a medical provider. It must specify which immunization(s) cannot be given and the condition preventing administration of the vaccine. Please submit alongside this form.

IMPORTANT! This form MUST be submitted WITH the Immunization Exemption Acknowledgement Form. Both forms must be signed and submitted or exemption request will NOT be granted or considered complete.

\*\*\*ALL requests for exemption must be submitted annually, no later than August 1 of the upcoming academic year.\*\*\*