



Immunization Exemption Request Form

Massachusetts Law does not allow for philosophical exemptions, even if signed by a physician. Only legally valid medical and religious exemptions are acceptable.

This Form and other related documentation will be treated confidentially and kept separate from your personnel file.

Name _____

Contact Phone Number: _____

Email: _____

I am requesting an immunization exemption based on one of the following criteria:

☐ I request a medical exemption because of a medical contraindication to immunization.

(Please complete the Authorization for Release of Medical Information form and attach letter from medical clinician stating which immunizations are contraindicated and the medical reason.)

☐ I request a religious exemption based on my sincere religious beliefs.

Informed Consent

333 South Street, Suite 400, Shrewsbury, MA 01545 Phone: 774-455-7150 Fax: 774-455-7574

I understand the following if my request is granted:

- I understand that infectious illness can spread easily in the work and school environment. As just one example, there have been increasing numbers of measles and mumps outbreaks over the past several years in US institutions of higher education.
- I understand that being unimmunized may put me at greater risk of serious personal illness and/or medical complications, including possible death, resulting from an infectious illness outbreak.
- If an outbreak of a vaccine-preventable illness occurs and I am exposed or becomes subject to a vaccine-preventable illness, I may be required to leave campus or my designated work location for the duration of the outbreak.
- In the event of an emergency or epidemic/pandemic of disease declared by the Department of Public Health, this exemption may be revoked, and I may be required to leave campus or my dedicated work location for the duration of the emergency or epidemic/pandemic.
- I understand in order to ensure the safety of everyone in the workplace, if my exemption is granted, I may be required to undertake additional safety measures not required of those who are immunized, including additional COVID-19 testing and mask requirements.

I verify that the above information is complete and accurate to the best of my knowledge. I acknowledge that if my request for exemption is for religious reason(s), the University of Massachusetts may ask me to document my religious practice or belief or consult religious scholars to confirm the appropriateness of the requested accommodation.

Employee Name: _____

Employee Signature: _____

Date: _____

Please return the completed signed forms by mail to the address below or fax them to the secure fax number 774-843-5699.

Katie Temple
Senior Benefits Generalist
UMass President's Office
333 South Street, Suite 400
Shrewsbury, MA 01545
ktemple@umassp.edu
Phone: 774-455-7571
Secure Fax: 774-843-5699



Authorization for Release of Medical Information

TO: _____

Printed Name of Medical Provider

Address

City State Zip Code

Telephone Number

RE: _____

Name of Patient/Employee

Patient/Employee Date of Birth

Address

City State Zip Code

Home Telephone Number

E-mail

Department

I, _____ authorize my Medical Provider to disclose to University of Massachusetts, Human Resources Office, the requested information concerning my medical condition, to be used solely for the purpose of evaluating my request for an immunization exemption.

This letter further authorizes HR to speak to my treating physician or health care provider directly regarding questions s/he may have with respect to my request for an immunization exemption.

I understand that the requested data is for the above-mentioned purposes, and that I may refuse to provide the requested medical information. However, I understand that if I refuse to provide the information, my employer may refuse to grant the exemption I have requested.

Signature

Date