



Physical Exam/Immunization Waiver For Religious/Medical Reasons

Philosophical exemptions are not allowed by law in Massachusetts, even if signed by a physician. Only medical and religious exemptions are acceptable (105 CMR 220.000 and M.G.L.c.76,ss.15,15C,15D).

Pursuant to Massachusetts General Law: Chapter 76, Section 15C:

Due to my sincere religious beliefs, I, _____ request to waive my

- Health history/Physical exam
- Presentation of immunization records

Due to a medical contraindication, I, _____ request to waive my

- Presentation of immunization records
- REQUIRED:** Submit a letter from a qualified medical provider on letterhead which specifies the immunization(s) which cannot be administered and the specific condition that prevents the administration of the vaccine(s). Fax to 508-286-5409.

My signature below certifies that I have been in good health and have no physical or mental impairment that would interfere in any way with my studies, activities or adjustment to college life; and to the best of my knowledge, I am free of any communicable or contagious disease which may affect the welfare of the Wheaton community.

I agree in the event of an outbreak of a communicable disease that I will follow the recommendations of the MA Department of Public Health and/or the local Board of Public Health pursuant to the communicable disease and will (at my own expense and without reimbursement from Wheaton College) either leave campus or receive an appropriate immunization for the communicable disease.

I understand that Wheaton College will not be responsible for any costs associated with missed classes or exclusion from housing during the period of communicability and absolutely no refund will be made by the College related to a loss of housing or loss of class time. I understand that this period of exclusion could be two to six weeks in length or longer, depending on the nature and severity of the outbreak.

In situations when one or more cases of a vaccine-preventable or other communicable disease are present in a school, all those susceptible, including those with medical or religious exemptions, are subject to exclusion from campus and classes until the period of communicability has passed, as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).

Student (Print Name) _____	D.O.B. _____
Student Signature _____	Date _____
Campus Address _____	
<input type="checkbox"/> Check here if student is under age 18. If checked, this Exemption must also be signed by Parent or Legal Guardian.	

Parent/ Legal Guardian Signature: _____ Date _____