

Emerson College
Center for Health & Wellness

HEALTH WAIVER FOR RELIGIOUS REASONS

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

I, _____ request to waive my physical examination and presentation of immunization records due to my sincere religious beliefs.

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 College community.

I agree in the event of an outbreak of a communicable disease that I will (at my own expense) either leave campus or receive an immunization for the communicable disease and follow the recommendations of the local Board of Public Health pursuant to the communicable disease.

In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a school, all susceptibles, **including those with medical or religious exemptions**, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).

Student (Print Name) _____ D.O.B. _____

Student Signature _____ Date _____

Address (Local/ On Campus) _____

Check here if student is under age 21. This Exemption must also be signed by Parent or Legal Guardian

Parent/ Legal Guardian Name: _____ Date _____
Signature _____