



Curry College Health Services  
Student Vaccination Exemption Request Form

I, \_\_\_\_\_, am a student at Curry College and request that I be exempt from the requirement to receive the following vaccinations, which applicable vaccines I have checked (see Massachusetts Department of Public Health, 105 CMR 220.600 –700):

All  Hepatitis B  MMR  Varicella  Tdap  Flu  COVID-19  Other: \_\_\_\_\_

I request that I be exempt from the requirement to receive the above vaccinations and immunizations based on:

Medical grounds.  Religious grounds. Please explain grounds (attach additional pages, if needed):

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***\*All medical exemption requests must be verified with a letter (on official letterhead, with a signature) from the student’s medical provider, in addition to completing this form. It must specify which immunization(s) cannot be given and certify that the provider has personally examined the student and is of the opinion that the student’s health would be endangered or compromised by the immunization.***

***\*Religious grounds.** I certify that the receipt of a vaccine or immunization would conflict with or violate my sincerely held religious beliefs.*

In making this request for an exemption (medical or religious):

- 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 Curry College’s policies and protocols as well as the recommendations of the local board of public health related to the communicable disease.
- I understand and agree that when one or more cases of a vaccine-preventable disease or any other communicable disease are present on Curry College’s campus/ geographic area, I may be subject to isolation or quarantine in accordance with the Massachusetts Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements (105 CMR 300.000) and Curry College’s policies and protocols.
- I understand and agree that immunization requirements for clinical rotations are set by clinical sites, and for internships are set by the entity or association permitting the internship, and in both circumstances, Curry College does not have the authority to override site or entity or association immunization requirements. Medical and religious exemptions may be accepted at the discretion of clinical or internship sites. Failure to obtain all immunizations required to participate in clinical rotations or other activities with patient contact (or participate in internships) may negatively impact progression in my academic program. If I am in a program with clinical requirements, I will contact my Clinical Coordinator to discuss how waivers may affect my clinical rotation requirements.
- I understand and agree that I must resubmit my request for an exemption to the immunization requirement(s) annually.
- **To process your request:** You must fully complete and sign this form and upload it to your PyraMED account, in your MyCurry portal. For medical exemptions, you must also include a letter from your medical provider.

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Curry College ID Number: \_\_\_\_\_ Questions? Contact Health Services: [healthservices@curry.edu](mailto:healthservices@curry.edu)