

BABSON COLLEGE STUDENT HEALTH SERVICES
REQUEST FOR EXEMPTION FROM VACCINATION AND
IMMUNIZATION

As a parent or guardian having control of and responsibility for _____, a minor (under age 18) enrolled in Babson College or Olin College, I request that said minor be exempt from the Massachusetts vaccination and immunization requirements based on:

Religious Grounds: Receipt of vaccination and immunization would conflict with his/her sincere religious beliefs.

Medical Grounds (Please Explain):

I understand that in the event of an outbreak of any of the vaccine-preventable diseases on campus my son/daughter may be excluded from campus and classes until the period of communicability has passed. I further understand that Babson College/Olin College will not be responsible for any costs associated with missed classes or exclusion from housing or dining during the period of communicability and that no refund of such costs will be made.

Signature: _____ Date: _____

I, _____, am requesting exemption from the Massachusetts vaccination and immunization requirements based on:

Religious Grounds: Receipt of vaccination and immunization would conflict with my sincere religious beliefs.

Medical Grounds (Please Explain):

I understand that in the event of an outbreak of any of the vaccine-preventable diseases on campus I may be excluded from campus and classes until the period of communicability has passed. I further understand that Babson College/Olin College will not be responsible for any costs associated with missed classes or exclusion from housing or dining during the period of communicability and that no refund will be made.

Signature: _____ Date: _____

All medical exemptions must be verified with a letter from a medical provider. It must specify which immunization(s) cannot be given and the condition that prevents the administration of the vaccine.

****ALL Requests for Exemption Must Be Submitted Annually:
no later than July 1st of the Upcoming School Year****