





Initials _____ I certify that, to the best of my knowledge, I am free from any communicable or contagious diseases that may affect the welfare of the college community. I understand that, in the event of an outbreak on campus of any of the vaccine-preventable diseases listed above, I may be excluded from campus and classes until the period of communicability is passed. I further understand that Anna Maria College will not be responsible for any costs associated with missed classes, or exclusion from housing during the period of communicability, and that a refund may not be made.

Print Name: _____

Student ID _____ Date of Birth: _____

Student Signature: _____ Date: _____

Check here if student is under the age of 18. If checked, this Exemption must be signed by a Parent or Legal Guardian

Parent/Legal Guardian Signature: _____ Date: _____

Upload a scanned copy or photo of this completed, signed form and required documentation to the Anna Maria College Medcat Patient Portal: <https://annamaria.medicatconnect.com/>

Immunization Exemption Request and Waiver of Responsibility

School immunization requirements exist to protect students and members of their community from serious vaccine preventable diseases by ensuring high vaccination rates.

Massachusetts students must provide documentation of immunizations according to school requirements.

Medical exemptions must come from the student's doctor and document a contraindication, which is the reason why an individual cannot medically receive the vaccine.

Religious exemptions come from the student, or if the student is under 18 years of age, from the parent/guardian; and must state in writing that a vaccine conflicts with their sincerely held religious belief.

In the event of an identified public health risk, emergency, outbreak, or epidemic; exempt individuals