



Acknowledgement of Assumption University Policy for Influenza Immunization and
Massachusetts Policy for Medical/Religious Exemptions from Immunizations.

I, _____
(Print name)

am exercising my rights under the **First Amendment of the US Constitution**, and **Ma law § 105 CMR 220.600(D)(1)**; set forth in **M.G.L. c. 76, ss 15C**; to receive _____ Religious or _____ Medical Exemption from Assumption University's influenza immunization requirement.

I submit with this form, a copy of *one* of the following:

- Medical Exemption:** A letter from a qualified medical provider. The letter must specify which immunization(s) cannot be given and the specific condition that prevents the administration of the vaccine.
- Religious Exemption:** A written statement from you (if over 18), a parent, or guardian explaining in reasonable detail that immunizations conflict with your/their sincere religious beliefs.

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).

I acknowledge that Assumption University requires an influenza immunization for all students and employees. Alternatively, one may provide documentation of a medical or religious exemption. I understand that failure to upload proof of an influenza immunization, a medical exemption, or a religious exemption is a Community Promise violation and I will be restricted from access to campus. I have read this document in its entirety and fully understand it.

Signature of student/employee (18 or older): _____

Date: _____

Signature of parent/ guardian (if student is under 18): _____

Date: _____

Please keep a signed copy for your records and upload a copy to the "upload" section on the Assumption University Patient Health Portal.