

Request for Exemption from New England College Vaccination Requirement

New England College has established specific requirements for students regarding required vaccinations. We require these vaccinations to keep our campus healthy and decrease the risk of acquiring vaccine-preventable illnesses.

Students who have a religious or medical reason may request an exemption from receiving required vaccinations. Medical exemptions must have appropriate medical documentation from your primary care provider.

This request for Vaccination Exemption form MUST be completed to consider a student’s request for exemption from one or more of the required vaccines listed below. A completed waiver is required seven (7) days prior to move-in day or the start of classes for commuter students. Completed forms should be emailed to COVIDResponseTeam@nec.edu

I, the undersigned, request an exemption for myself (or for my minor child) from the requirement to receive the following vaccination(s) (please check all that apply):

* Measles, mumps, rubella (MMR)
* Tetanus, diphtheria, pertussis (Tdap)
* Hepatitis B
* Meningitis ACWY (Menactra/Menveo)
* Meningitis B (Bexsero/Trumenba)
* COVID-19

Due to (please check reason for request): \_\_\_\_\_\_\_\_\_ Medical reason (medical documentation from primary care provider is required)

 \_\_\_\_\_\_\_\_\_ Religion reason (please provide details on an attachment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If my exemption request is granted, I agree to hold New England College, its officers, trustees, employees, and volunteers, harmless in the event of any illness or injury resulting from my noncompliance with this requirement. I understand that in the case of a communicable disease outbreak on campus to which I am likely not immune, at the discretion of the medical staff and under the guidance of the New Hampshire Department of Health and Human Services, I may be temporarily excluded from classes, residence halls, or the entire New England College campus. This action would not only be taken to protect my health, but to reduce the risk to the community of further spread of the illness through me. This exclusion will last until an incubation period from the last identified case of the communicable disease has passed. I understand that I will be responsible for any and all expenses I may incur for such exclusion. I also understand that the make-up of any missed class work is at the discretion of the involved faculty.

Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the student is under the age of 18, a parent must sign the form (unless form completed by an emancipated minor).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only: Request is \_\_\_\_ approved \_\_\_\_\_\_ not approved

Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_