



Immunization Exemption form

I _____ request a Medical/Religious exemption for the immunizations required of Dean College students. I understand that if there is a suspected or confirmed case of any of the communicable diseases listed on the Certificate of Immunization form I may be excluded from class and/or the Residence Halls for the period of time designated by the Commonwealth of Massachusetts, Department of Public Health. I also agree to follow the directions of the Department of Public Health should there be any other communicable disease on campus which requires immunization.

In the event that I must leave the campus I acknowledge that Dean College is not responsible for any reimbursement of tuition, fees or other expenses.

Signature: _____

Date: _____

Print Name: _____