

Official Exemption of Immunization Requirements

ID# _____

Box# _____

I _____ *(please print)* hereby request an official exemption to the immunizations required in order to be enrolled at Gordon-Conwell Theological Seminary in accordance with the requirements of the Massachusetts Department of Public Health. I understand the risks involved in not receiving these immunizations and understand that in the event of an outbreak I will be identified and prevented from attending classes or residing at Gordon-Conwell Theological Seminary without receiving the proper immunizations.

I request this exemption for the following reason *(required)*:

Medical Exemption

- For students for whom immunizations are not recommended for medical reasons
- Requires a physician's signature _____

Religious Exemption

- For students for whom immunizations conflict with sincere religious beliefs

Pregnancy Exemption

- For female students who are pregnant or are trying to become pregnant
- Only valid for one year, but can be resubmitted at the end of that year

If necessary please provide any additional information below:

Signature: _____ **Date:** _____

PLEASE RETURN THIS FORM TO THE REGISTRATION OFFICE