



School of Healthcare Religious Exemption Form

It is my understanding that you are seeking a waiver of the immunization requirement based on religious grounds. MGL Chapter 76, Section 15C, permits a waiver of the immunization requirement if a student indicates that such immunizations would conflict with his/her sincerely held religious beliefs. In order to be eligible for consideration for the immunization waiver on religious grounds, please submit this form and a written statement indicating the specific nature of your religious beliefs and how such beliefs conflict with the immunization/health requirement.

Please be advised that health programs include clinical practicum at healthcare facilities. Those facilities require all persons engaged in patient care to provide documentation of immunization or demonstrate immunity to communicable diseases as stated in the clinical contracts. If you are unimmunized, not immune to communicable diseases, or do not meet the health requirements as stated in clinical contracts, the clinical facilities reserve the right to consider you ineligible for clinical placement. QCC cannot guarantee clinical placement for students seeking a religious exemption if the student does not meet the clinical requirements stated in the clinical contracts. Please note that satisfactory completion of clinical practicum is a mandatory component of healthcare education, therefore, students who are deemed ineligible for clinical placement are unable to complete the health program.

I _____, read the above information and have been informed that a clinical facility may consider me ineligible for clinical placement, therefore, I may be unable to complete the health program.

Name: _____

Student ID: _____

Signature: _____

Date: _____

Please send completed form and statement to:

Quinsigamond Community College
Attn: Health Compliance, Rick Banks
25 Federal Street
Room 116D
Worcester, Ma 01608

Or email to: Healthcompliance@qcc.mass.edu