



## Acknowledgement of Assumption University Policy for COVID-19 Immunization and Policy for Medical/Religious/Moral 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 COVID-19 immunization requirement. Alternatively, I am exercising my right to a Moral or Freedom of Conscience objection.

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I must 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.
- Moral or Freedom of Conscience Objection:** A written statement from you (if over 18), a parent, or guardian explaining in reasonable detail your/their sincere moral objection to a COVID-19 immunization.

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).

\*Please note: State requirements may require a re-examination of any exemptions.

I acknowledge that Assumption University requires a COVID immunization for all students and employees. Alternatively, one may provide documentation of a medical or religious exemption or a moral or freedom of conscience objection. I understand that failure to upload proof of COVID immunization, a medical exemption, a religious exemption, or indication of a moral or freedom of conscience objection 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 copy for your records and upload a copy to the "upload" section on the Assumption University Patient Health Portal.