



updated 5/14/21

**Immunization Records and Allied Health Medical Records Office
Religious Waiver Form**

Name: _____

BCC Student Identification #: _____

Address: _____

Telephone #: _____ Date of Birth: _____

I will not be submitting proof of immunizations, nor will I allow administering of immunizations against the diseases of Tetanus, Diphtheria, Pertussis, Measles, Mumps, Rubella, Hepatitis B, Varicella, or Meningococcal due to my sincerely held religious beliefs.

If there is an outbreak of any of these diseases on campus, I understand that I will be notified and be unable to return to the school until the epidemic is over per authorization of the Massachusetts Department of Public Health Immunization Program.

This information will be filed at the Immunization Records Office at Berkshire Community College. I will notify the Immunization Records Office of any address or telephone number changes.

This exemption form and student information must be renewed annually, at the start of the school year.

Signature of student

Date

BCC is an affirmative action/equal opportunity institution and does not discriminate on the basis of race, creed, religion, color, gender, sexual orientation, age, disability, genetic information, maternity leave and national origin in its education program or employment.