



updated 5/12/2021

**Immunization Records and Allied Health Medical Records Office  
Medical Exemption Form**

Name: \_\_\_\_\_

BCC Student Identification #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Exemption from immunizations for one or more of the following diseases: Measles, Mumps, Rubella, Tetanus, Diphtheria, Pertussis, Hepatitis B, Varicella or Meningococcal.**

**A medical doctor's signature is required as a confirmation that one or more of these immunization vaccines are medically contraindicated for this student. Only temporary medical exemptions must be updated yearly at the beginning of the school year.**

The student will be notified in the event of an outbreak of any of these diseases on campus. The student will not be allowed to return to 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. The student will inform the Immunization Records Office of any telephone number or address changes.

\_\_\_\_\_ Permanent exemption                      \_\_\_\_\_ Temporary exemption - *Date exempt until:* \_\_\_\_\_

\_\_\_\_\_  
Student's signature    \_\_\_\_\_  
Medical Doctor's signature

\_\_\_\_\_  
Date    \_\_\_\_\_  
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 programs or employment.