

**Massachusetts School of Law
Medical Exemption Request for the
Commonwealth of Massachusetts with Supporting Documentation**

Full legal name of student

Student Identification Number

I, the undersigned, do hereby swear or affirm under the pains and penalties of perjury, as follows:

1. I am making this truthful Medical Exemption Request under the penalty of perjury so that I may enroll and attend in person classes at the Massachusetts School of Law in Andover. This request is so I can attend in person classes with my fellow students and staff who have received the Covid-19 vaccination without my obtaining the required vaccination.

2. I am the student who will be enrolled in classes at MSLAW if this semester's waiver is granted.

3. I realize that not getting the vaccine places me at risk for serious illness and even death and I also risk exposing others on campus to similar risks.

4. On the following dates, I discussed obtaining the Covid-19 vaccination with my Doctor

_____.

(Full name and contact information of Doctor)

5. I was diagnosed with _____ (medical condition) on _____ (date).

6. Since that time I have received treatment for my condition.

7. In the following space fully describe your medical condition and why receiving the vaccine is contraindicated.

As shown in the attached letter from my doctor and documentation of my illness, obtaining the Covid-19 vaccination would be contraindicated and would adversely affect my health.

9. If you previously obtained vaccinations and submitted that documentation to a college or graduate school, please explain why you received required vaccinations in the past but now require an exemption.

10. I understand that if this exemption request is granted, I will not be required to obtain the Covid-19 vaccine for the semester in which this request is granted. I understand that I am still required to follow all the other safety protocols the school requires for the protection of students and staff as well as any additional safety protocols required of nonvaccinated students.

11. I understand that during a vaccine-preventable disease outbreak, all susceptible students, including the student will be excluded from school if a public health official determines that there is a significant risk for disease, exposure, transmission, and spread into the community. In such case, such students, including the student shall be excluded from school until:

- (A) public health official determine that the outbreak danger has ended.
- (B) the student becomes ill with the disease and completely recovers from it such that the student no longer poses a risk to others.
- (C) the student is vaccinated according to public health protocol; or
- (D) the student provides proof of immunity to the disease.

I have attached all documents that support my request along with the items described herein.

I swear or affirm under the pains and penalty of perjury that all this information is true. I know that the law school has a strict honor code and must share all information with the Board of Bar Examiners that may reflect on the character and fitness of a graduate as it assesses the graduate's fitness to be admitted to the bar of the Commonwealth of Massachusetts.

Signature of Student

Date

ACKNOWLEDGEMENT BEFORE NOTARY PUBLIC

STATE OF MASSACHUSETTS:

COUNTY OF _____:

On this the _____ day of _____, _____, before me, _____ the undersigned officer, personally appeared _____, known to me, or satisfactorily proven, to be the person whose name they subscribed to the within instrument and acknowledged that the information is truthful, and they freely executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Notary Public My Commission expires _____