

COVID-19 Testing Exemption Request Form

Please complete this form and submit it to the Office for Institutional Diversity at accommodation@bc.edu. Completion of this form will serve as your request to be exempt from the required testing of all faculty, staff, and students. This information and other related documentation will be treated confidentially and kept separate from your personnel file.

Name:	Email:	Eagle ID (first 8 numbers):
Department:	Title:	VP/Dean Name:
Campus Address/Building:	Extension:	Mobile Phone:

EXEMPTION REQUEST

Please check off the reason for your exemption request:

- Tested positive for COVID-19 in the last 90 days (*medical documentation required*)
- Have received an accommodation and will not be returning to campus at any point during the spring semester
- Have an approved remote work plan and will not be returning to campus at any point during the spring semester
- On long-term disability or extended leave (e.g., sick leave, maternity leave)
- Other special circumstance (please describe below)

Please describe your special circumstance for requesting an exemption from the required testing.

Please provide supporting medical documentation if applicable and any additional information you believe may be of assistance while we review your request for an exemption from COVID-19 testing.

Employee Signature: _____ **Date:** _____