COVID-19 Testing Exemption Request Form

Please complete this form and submit it to the Office for Institutional Diversity, **accommodation@bc.edu**. Completion of this form will serve as your request to be exempt from the required COVID-19 testing of all faculty and staff. This information and other related documentation will be treated confidentially and kept separate from your personnel file.

Name:	Email:	Eagle ID
Department:	Title:	VP/Dean Name:
Campus Address/Building:	Extension:	Mobile Phone:

EXEMPTION REQUEST

Please check 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 upcoming semester
Have an approved remote work plan and will not be returning to campus at any point during the upcoming 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 COVID-19 vaccination.

Please provide supporting **medical** or **religious** documentation and any any additional information you believe may be of assistance while we review your request for an exemption from the COVID-19 Vaccination requirement.

Signature   **Date**