

## COVID-19 Vaccination Exemption Request Form

Please complete this form and submit it to University Health Services, [covidvaccination@bc.edu](mailto:covidvaccination@bc.edu). Completion of this form will serve as your request to be exempt from the required COVID-19 vaccination of all undergraduate and graduate/professional students. This information and other related documentation will be treated confidentially.

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|------------------------|----------------------|------------------|
| <b>Name:</b>           | <b>Email:</b>        | <b>Eagle ID:</b> |
| <b>School:</b>         | <b>Mobile Phone:</b> |                  |
| <b>Campus Address:</b> |                      |                  |

### EXEMPTION REQUEST

Please check reason for your exemption request:

- Medical
- Religious
- Other special circumstance (please describe below)

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| Please describe your special circumstance for requesting an exemption from the required COVID-19 vaccination. |
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| Please provide supporting <b>medical</b> or <b>religious</b> 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. For medical documentation, please provide, at minimum, a letter from your healthcare provider that clearly states the contraindication to vaccination. For religious documentation, please provide, at minimum, a letter from your spiritual leader or advisor that clearly states the religious reasoning for exemption. |
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**Signature**

**Date**

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