

# COVID-19 <sup>RU</sup>Vaccination Exemption Request Form

Please complete this form and submit it to [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 <sup>RU</sup> students. This information and other related documentation will be treated confidentially.

**Name:**

**Email:**

**Eagle ID**

:

**Mobile Phone:**

**Campus Address:**

## EXEMPTION REQUEST

Please check reason for your exemption request:

Medical

Religious

Other special circumstance (please describe below)

Please describe your special circumstance for requesting an exemption from the required COVID-19 vaccination.

3 O H D V H T S W J Q R P L P G H W @ C H S E C U I O A R R D M P X V Q W D V L Q R Q D G G G W L R Q D O L Q I R U P  
E H O L H Y R P D V E W W D Q F H Z K L O H Z H U H Y L H Z I U R R U W K H H T & O B F W L Q R D W D E