

<sup>RU</sup>  
**COVID-19 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>students</sup>. 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.

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