



# BENTLEY UNIVERSITY

## REQUEST BY FACULTY OR STAFF FOR AN EXEMPTION FROM COVID-19 VACCINATION DUE TO MEDICAL / RELIGIOUS REASONS

Exemption Requested:

\_\_\_ **Medical:** To request a medical exemption, you will need a letter from a physician, nurse practitioner or physician assistant who has personally examined you and certifies that your health would be endangered by vaccination with any of the three COVID-19 vaccines authorized in the U.S. Email the letter and this form to your Human Resource business partner, whose email you can find [here](#).

\_\_\_ **Religious:** To request a religious exemption, describe in your own words how receiving any of the three COVID-19 vaccines authorized in the U.S. would conflict with your religious beliefs: \_\_\_\_\_

---

---

---

---

Please confirm the following statements:

- I understand that my exemption is not automatically granted by submitting this form. The information provided will be reviewed and evaluated before an exemption is officially granted.
- I understand that if my exemption is approved, my manager, department head and vice president will be informed of my exemption status without details of the reason for the exemption.
- If my exemption is approved, I understand that as a condition of my employment at Bentley University, I will wear face coverings when inside any campus building (except when alone in a private office) and maintain appropriate physical distance.
- If my exemption is approved, I understand that as a condition of my employment at Bentley University, I will comply with weekly screening testing protocols and inform my manager immediately if I cannot be screened.
- If my exemption is approved, I will complete a daily symptom check before coming to campus. I will not come to campus if any symptoms are present and will use sick, personal or vacation time (or unpaid leave) for these absences.
- If my exemption is approved, I understand that in the event of the spread of COVID-19 on campus, I may be required to not be on campus to prevent further spread of the disease. I will be required to take sick, personal or vacation (or unpaid leave) for the time I am not able to be on campus.
- I understand that public health circumstances may change, and I will abide by future policy changes such as (but not limited to) increased screening and expanded requirements for face covering. I agree to inform the university if I receive the vaccine.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_