



## COVID-19 Booster Requirement Exemption Form

Please indicate which category you belong too:

- Student
- Faculty or Staff

I, a Student, Faculty, or Staff member at Western New England University, hereby request that I be exempt from the requirement for a COVID-19 booster shot.

- Medical reasons

### **Medical Grounds**

I have provided documentation from my provider that indicates that I have a contraindication to the booster shots currently being offered.

I understand and accept the risks of the potential lower immunity levels that the primary vaccination series affords. I agree to hold Western New England University harmless in the event of illness or injury resulting from my decision not to receive a booster shot.

I further understand that in the event of increased transmission of COVID-19 within the community, as indicated by the WNE COVID-19 dashboard, I may be subject to additional testing requirements and may be temporarily excluded from the University campus, to protect me, and the University community.

Under penalty of perjury, I affirm that the foregoing basis for my exemption request is true and correct.

Print Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID#: \_\_\_\_\_

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