



COVID-19 Vaccine Exemption Request Form

- 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 to be vaccinated for COVID-19 on the basis of:

- Medical reasons
- Religious reasons

Medical Grounds

A verification letter from your medical provider must be submitted to Western New England University Health Services specifying that the COVID-19 vaccine is medically contraindicated or otherwise detrimental to your health. Following the submission of the exemption request form, Health Services will contact you regarding next steps.

I understand and accept the risks of non-immunization from COVID-19 and, if I am approved for an exemption, I agree to hold Western New England University harmless in the event of illness or injury resulting from my decision not to be vaccinated. I further understand that in the event of increased transmission of COVID-19 within the community, as indicated by the WNE COVID-19 dashboard and related alert level, I 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.

- I Agree

Religious Grounds

I certify that it is my genuine and sincerely held religious belief that prohibits me from being vaccinated and immunized.

Because the definition of religion is broad and protects beliefs, observances, and practices which may be unfamiliar to the university, WNE will assume that a student's, or employee's request for religious accommodation is based on a sincerely held religious belief. If, however, a student or an employee requests religious accommodation, and WNE has an objective basis for questioning either the religious nature or the sincerity of a particular belief, observance, or practice, additional supporting information may be requested.

I understand and accept the risks of non-immunization from COVID-19 and, if I am approved for an exemption, I agree to hold Western New England University harmless in the event of illness or injury resulting from my decision not to be vaccinated. I further understand that in the event of increased

transmission of COVID-19 within the community, as indicated by the WNE COVID-19 dashboard and related alert level, I 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.

I Agree

Print Last Name: _____ First Name: _____ ID#: _____

Signature: _____ Date: _____