



CONFIDENTIAL

Employee Request for Exemption from Mandatory COVID-19 Vaccination

To request an accommodation that allows you to be exempted from a COVID-19 vaccination requirement, please complete this form and submit to the [BC Portal](#). In general, exemption requests must be based on valid medical or religious grounds. The College will review your request and notify you whether it is approved. The College may ask you for additional information about your request, and you may submit additional information.

Name: _____ **Date:** _____

Department: _____

Position/Job Title (if applicable): _____

Please explain why you are requesting an accommodation from receiving the COVID-19 vaccine:

If your request is based on a medical condition, please explain the medical condition in detail. (You will be required to submit a Medical Verification Form if your request is based on a medical condition):



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If your request is based on a religious accommodation, please explain the accommodation requested in detail. (You may be required to submit further documentation if needed):

Please identify any specific accommodations that you would like us to consider:

Employee's Signature: _____