

WELLESLEY

HUMAN RESOURCES AND EQUAL OPPORTUNITY

EMPLOYEE REQUEST FOR EXEMPTION FROM COVID-19 VACCINATION

I, _____ (print name), request to be exempt from the Wellesley College COVID-19 vaccination requirement based on the following:

Religious Grounds: receipt of immunization would conflict with my sincere religious beliefs (please explain on the next page)

**All religious exemptions must be accompanied by a personal statement explaining why receiving the COVID-19 vaccine conflicts with your sincerely held religious beliefs. You may also be asked to schedule a meeting with Jackie Marquez, Dean of Religious and Spiritual Life, to discuss your request.*

Medical Grounds: please explain on the next page

**All medical exemptions must be verified with a letter/documentation from your medical provider. It must specify which immunization(s) cannot be given and the condition that prevents the administration of the vaccine. If documentation is not sufficient or if reasoning does not constitute a recognized contraindication to the vaccine, the request may not be granted. You may be asked to engage in an interactive process with the Office of Accessibility and Disability Resources.*

I understand the medical risks of forgoing recommended immunizations. I understand that in the event of an outbreak of COVID-19 on campus or, I may be excluded from campus until the period of communicability has passed. I understand that I may be required to adhere to additional health and safety precautions, including but not limited to masking on campus, more frequent testing, and quarantine upon exposure to COVID-19. I further understand that Wellesley College will not be responsible for any costs or lost wages associated with missed work during the period of communicability or quarantine.

Signature: _____ Date: _____

Please follow the instructions from Library and Technology Services (LTS) and upload the completed form to Workday. Click here to access to instructions. If you encounter any issues, please send an email to working@wellesley.edu with your questions.

APPROVED

NOT APPROVED

Signature of Human Resources: _____ Date: _____



Religious Grounds Explanation:

Medical Grounds Explanation: