



FISHER COLLEGE

COVID-19 VACCINATION EXEMPTION REQUEST

Student Name:

Reason for request:

- Medical (documentation must be provided from a physician)
- Religious

If this exemption is approved you will be required to wear a mask in all campus buildings, complete COVID-19 testing at your own expense on a weekly basis and provide those results to the College Nurse.

Daily symptom tracking will be required. If any symptoms appear, you must agree to stay home/ in your room and immediately get tested. If positive, the College Nurse must be notified for contact tracking purposes.

Signature

Date

Return form with hand written signature via email to healthservices@fisher.edu or fax 617-236-5465

