



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 need to follow the face covering and Covid-19 testing policies set by Fisher College.

If any symptoms appear, you must agree to stay home or at your dorm-room and immediately get tested. If positive, the College Nurse must be notified for contact tracking purposes.

We may require weekly testing in the future based on pandemic numbers.

Signature

Date

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