



**FOR THE REQUESTOR (Student/Faculty/Staff)**

I affirm that the above information I have provided is complete and accurate. I understand that, if granted an exemption, I must comply with all mitigation measures required of me by the University. Such measures include but are not limited to: participating in COVID-testing at a frequency determined by the University, wearing face covering in settings determined by the University (i.e. classrooms, labs, etc.) and maintaining certain physical distancing as determined by the University. I agree that should I contract COVID-19, I will hold the university harmless and will comply with any and all limitations placed upon me by Bradley University or public health officials. I understand that my request for an exemption may not be granted or may be rescinded if it creates an undue hardship for the University. I understand that any intentional misrepresentation contained in this request may result in disciplinary action up to and including dismissal from the University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ BUID #: \_\_\_\_\_

**Confidentiality of Information Provided**

Requests for exemptions and any documents provided will be kept confidential and shared only with those University employees who have a need to know.

**Next Steps:**

1. This request will be reviewed and acknowledged by Bradley University (Health Services for Students, Human Resources for Faculty & Staff).
2. After review, you will be notified of the decision regarding your requested medical exemption.
3. If you are granted a religious exemption, you will be required to undergo COVID-19 testing in addition to observing all COVID-19 health and safety protocols and will be informed of any additional accommodations.