

Wilkes University requires that all students, faculty and staff obtain full vaccination for COVID-19 prior to the start of the fall 2021 semester or submit this waiver of exemption for medical, religious or personal belief reasons.

COVID-19 remains a highly contagious respiratory virus that affects people of all ages. According to the scientific data, COVID-19 vaccines are safe and highly effective at preventing severe illness, hospitalization and death.

I have read and understand the benefits of getting a COVID vaccine as explained by the CDC at this website: [CDC Key Things to Know About COVID Vaccines](#). I understand that the University's policy on full vaccination for COVID-19 is based on conclusions reached by the CDC about the nature of the COVID-19 virus and importance of vaccination, including the following:

- When large numbers within a population are immunized, viral spread will be significantly limited. Each individual of a community contributes to this protective approach.
- Choosing to forego vaccination puts one at risk for getting the disease along with the associated risk of long-term medical problems or death.
- Individuals who elect not to be vaccinated against COVID-19 may put others they interact with at risk.
- By choosing not to be vaccinated, I am at greater risk of becoming ill with COVID-19 and will be required to isolate per CDC and Wilkes guidelines if I become infected.

I have read and reviewed the information provided above concerning the risks and benefits associated with the COVID-19 vaccine and the possibility of contracting COVID-19 while on campus. Being fully aware of these risks, I have chosen NOT to be vaccinated. In making the decision to forego vaccination, I accept and agree to adhere to all guidelines and restrictions to which unvaccinated students, faculty and staff may be subject, including but not limited to complying with quarantine or isolation requirements if I am exposed to COVID-19 or test positive myself (including the possibility of quarantining/isolating off campus at my own expense) and participating in regular assurance testing conducted by or at the request of the University. I hereby agree to review these guidelines and restrictions at this [website](#) and to comply with any requirements added by the University in the interest of maximizing the health and safety of all members of the campus community.

I further understand that by requesting this exemption, I will not be denied access to essential services made available to all members of the campus community.

This exemption request is effective for one year from the date it is signed, or until federal, state or local conditions require a change to the University's position on COVID-19 vaccinations.

Signature of student, adult OR parent/legal guardian (for those under 18 years of age).

Last Name: _____ First Name: _____

I am a (circle one or write in): _____ student faculty staff member

WIN: _____ Date: _____

Please print, sign and scan (or forward a photo of) the completed form as directed below.

Students, send a signed copy to Health and Wellness Services by emailing anita.burns@wilkes.edu. Faculty and staff, send a signed copy to Human Resources by emailing kristin.pitarra@wilkes.edu.