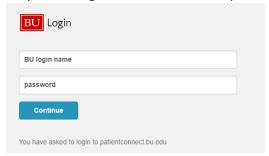
How To Upload COVID-19 Vaccine Documentation

- 1) Go to the Patient Connect portal: https://patientconnect.bu.edu/
- 2) Log in with your BU login name and Kerberos password.



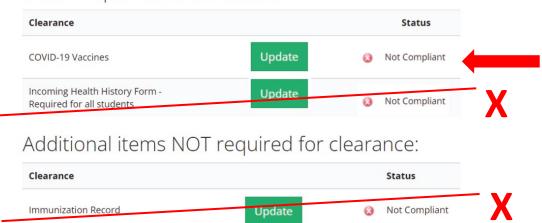
3) Click the Medical Clearances option in the panel on the left.



4) Click the green **Update** button in the **COVID-19 Vaccines** clearance row.

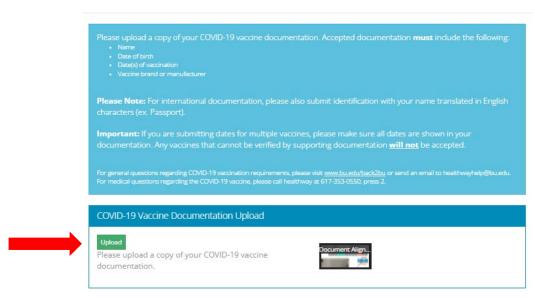
*** Please note: Students attending summer courses/programs are ONLY required to upload documentation for the COVID-19 vaccine through Patient Connect. You may disregard the lines for "Incoming Health History Form" or "Immunization Record." If other documentation is required by your program, you will be notified how to submit it.

Items required for clearance:

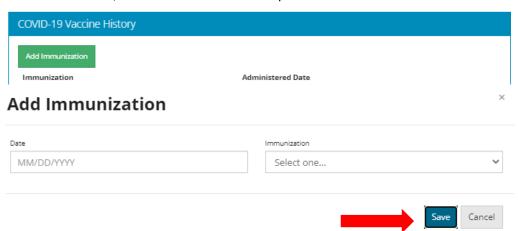


5) Under <u>COVID-Vaccine Documentation Upload</u>, click **Upload** to upload an image of your COVID-19 vaccine documentation, ensuring that the administered dates are clearly visible.

COVID-19 Vaccine



6) Scroll down the page. Under <u>COVID-19 Vaccine History</u>, click **Add Immunization** to enter each appointment date and vaccine manufacturer, and click **Save**. Please complete for each dose.

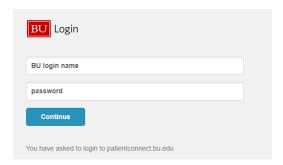


7) Click **Done**. It may take up to three business days for your documentation to be reviewed. You will be contacted through Patient Connect by a Student Health Services staff member if further information is needed.

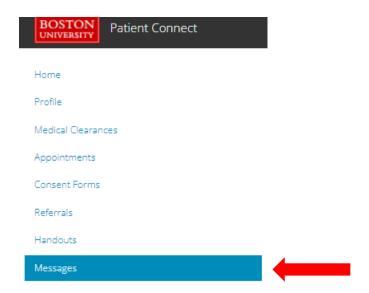


How To Request a COVID-19 Vaccine Exemption

- 1) Go to the Patient Connect portal: https://patientconnect.bu.edu/
- 2) Log in with your BU login name and Kerberos password.

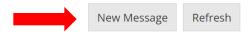


3) Click the **Messages** option in the panel on the left.



4) Click New Message.

Secure Messages Inbox



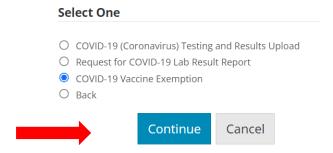
5) Select the COVID-19 (Coronavirus) option and click Continue.

Please choose from the following options: COVID-19 (Coronavirus) O Immunization, medical records, and other general questions O TB Risk Assessment and Symptom Screen (Do not select this unless you have been instructed to do so) O Medical Leave O Insurance and Billing O Referrals O Prescription Refill O Groups & Workshops O Athletic Training Department (Varsity/Club Athletes) O Behavioral Medicine Department (Mental Health or Counseling) O Primary Care/Medical (For physical concern, illness, or injury) O Sexual Assault Reponse & Prevention Center (Sexual Assault/Trauma) O Wellness & Prevention Services O Sargent Choice Nutrition Center O Rotation Form O OSHA Respirator Medical Clearance O Medical Emergency Please note, secure messages are only reviewed during scheduled business hours and tl **Student Health Services Website.**

6) Select the COVID-19 Vaccine Exemption and click Continue.

Continue

Cancel



7) Complete form by selecting reason for exemption and attaching supplemental documentation.



Request for COVID-19 Vaccine Exemption

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ı	** I request that I be exempt from the requirement to receive the COVID-19 vaccination based on:
	Medical grounds: I attest that I am under the care of a healthcare provider who has certified that the receipt of COVID-19 vaccination would endanger my health
	O Religious grounds: I attest that the receipt of COVID-19 vaccination would conflict with or violate my sincere religious beliefs.
	I understand and agree that I must continue to follow Boston University's COVID-19 health and safety protocols, including isolation and quarantine requirements, as well as the recommendations of the state and local boards of public health.**
	☐ I understand that non-immunized students may be required to leave campus in the event of a campus disease exposure or outbreak.**

8) Click **Send**. It may take up to three business days for your documentation to be reviewed. You will be contacted through Patient Connect by a Student Health Services staff member if further information is needed.

