

Application for exemption from COVID-19 vaccination

Dear Students and Colleagues,

The University will roll-out the *vaccine bubble* arrangement starting from **24 February 2022**. While having completed the COVID-19 vaccination course for 14 days is one of the requirements under the vaccine bubble arrangement, students, staff, long-term workers of contractors and visitors who are medically unfit for vaccination can apply for an exemption.

Students and staff

For students and staff, application should be made by completing [the attached application form](#) and email to shs@hkbu.edu.hk together with medical proof issued by a practicing physician in Hong Kong. Applicants will receive the result notification from the Estates Office via email within 10 working days after the submission of application. Applicants are advised to submit the application as earlier as possible prior to the day of needed access.

Long-term contract workers and visitors coming to campus for more than 4 hours on the day of visit

Contractors and visitors who need to apply for exemption from COVID-19 vaccination shall submit their application via their host department. The host department shall forward the application to shs@hkbu.edu.hk for processing. Application result will be sent to the host department via email within 10 working days after the submission of application.

Important Notes

- Submission of an application does NOT automatically result in the granting of exemption. All submissions will be reviewed in detail by the Estates Office.
- Applicants providing false information might be subject to disciplinary actions and / or liable for legal actions.
- All information collected will be handled in accordance with the University Privacy Policy Statement and Personal Information Collection Statement. <https://bupdpo.hkbu.edu.hk/policies-and-procedures/pps-pics/>

For any questions about the exemption or the University's latest health and safety measures, please contact the Sustainability, Health and Safety Section of Estates Office at 3411 7997 or email to shs@hkbu.edu.hk.

Application for exemption from COVID-19 vaccination for campus access

IMPORTANT NOTE:

1. The completed form and the scanned copy of the medical proof shall be emailed to the Sustainability, Health and Safety Section (SHS), Estates Office at shs@hkbu.edu.hk.
 2. SHS might request the applicant to provide the original copy of the medical proof for verification. The applicant will be contacted by phone or email. SHS reserves the right to contact the practicing physician who issued the medical proof.
 3. Submission of exemption does NOT automatically result in the granting of the exemption. Your submission will be reviewed in detail and you will be notified the result of your application within 10 working days through email or via the requesting office / department.
 4. All information collected will be handled in accordance with University Privacy Policy Statement and Personal Information Collection Statement. <https://bupdpo.hkbu.edu.hk/policies-and-procedures/pps-pics/>
 5. Any persons providing false information for this application can be subject to disciplinary actions and / or liable for further legal actions.
 6. For any questions, please contact SHS at ext. 7997 or email shs@hkbu.edu.hk.
-

**Application for exemption from COVID-19 vaccination
for
campus access**

PART A - APPLICANT'S INFORMATION

Name: _____ Staff/Student number: _____

Contact number: _____ WHATSAPP number
(If applicable): _____

Are you currently a student hostel (SRH or NTT) resident? Yes No

Medical reasons for not being able to be vaccinated against COVID-19:

**PART B - MEDICAL PROOF OF BEING NOT SUITABLE FOR VACCINATION AGAINST
COVID-19**

Name of hospital or clinic issuing the medical certificate: _____

Name of practicing physician signing the certificate: _____

Contact telephone number of the physician / clinic: _____

Date of certificate (yyyy-mm-dd): _____

Expiry date of validity of certificate (if applicable): _____

**PLEASE SCAN AND ATTACH THE MEDICAL PROOF WHEN SUBMITTING THE
APPLICATION**

I confirm that all information provided in this application are true and correct, and the medical proof attached to this application was issued to me by my physician after he / she examined my health condition. I also agree that the Sustainability, Health and Safety Section of Estates Office may contact my physician for matters concerned with this application.

Signature: _____

Date: _____