

Exemption requests must be received by October 7th, 2021.

Name: _____

Birth Date: _____

Proof of a **negative COVID-19 test** administered by a medical professional and performed no earlier than **Monday, October 18th, 2021**, will be **REQUIRED** to attend BLFC.

I am being informed of the following:

- COVID-19 vaccines are available free of charge in any US State.
- COVID-19 vaccination is recommended for me and for all other attendees of BLFC to protect me and other attendees from COVID-19 and its complications, including serious illness and death.
- If I contract COVID-19, I may spread the virus for 10-14 days without exhibiting symptoms, which may place family, friends, and other community members at risk.
- I understand that I cannot get COVID-19 from the COVID-19 vaccines.

If I chose to request an exemption, I acknowledge the following:

- I understand that BLFC must approve all exemption requests and may require additional documentation as part of that process.
- I understand that individuals who are not vaccinated against COVID-19 because they received an exemption may be required to follow additional health and safety precautions not applicable to fully vaccinated individuals including but not limited to:
 - Asymptomatic testing
 - Masking and social distancing
 - Isolation if I exhibit symptoms of COVID-19 during the event
 - Limitations of access to certain events, spaces, roles, and activities

I am requesting an exemption from vaccination because I have one of the medical contraindications to COVID-19 vaccine listed below.

I have a documented severe allergy to each of the available vaccines.

I am receiving immunosuppressive treatment and have been advised by my medical provider to defer vaccination until a future date.

I have another medical condition and have been advised by my medical provider to defer vaccination until a future date.

Please complete the written statement and signature sections on the next page.

BLFC COVID-19 Vaccination – Exemption Request Form

Explain the reason for your medical exemption request. Additional information may be requested.

A signed doctor statement (including license #, address, and phone number) may be included, but is not required to submit an exemption request. A doctor statement may be required after review.

**Submitting this request fraudulently or with false information
may result in a lifetime ban from BLFC.**

Email: _____ **Phone:** _____

Use the same email you used to register for BLFC.

If you have changed emails, please first update your BLFC registration.

Signature: _____ **Date:** _____

**Once complete, send this form and any additional documentation to
vax@goblfc.org**

If you are unable to print, sign, & scan; you may submit without a signature.

Unsigned submissions are still subject to the fraudulent request policy above.

**All attendees granted an exemption are required to bring a
signed copy of this form with them to at-con registration.**

All documents submitted will be retained long as required to comply with the appropriate Nevada statutes of limitations. Documents will be securely destroyed after this period.