



**COVID-19 Vaccination Requirement  
Medical Exemption Request Form**

To request a medical exemption from the SUNY COVID-19 Vaccination requirement, please complete this form and submit it to The Accommodative Services Office, CLC 15-137E or [accommodations@sunyjefferson.edu](mailto:accommodations@sunyjefferson.edu) . A decision regarding your request will be released through an email from the College. **This form needs to be submitted by September 3, 2021.**

**Part I. Student Information and Certification:**

LAST NAME	FIRST NAME	STUDENT EMAIL ADDRESS	DATE OF BIRTH	STUDENT ID #

**Please check each box to acknowledge:**

- While my request is pending, I understand that I must comply with the campus' COVID-19 related health and safety protocols (e.g., masks/face coverings, social distancing, regular surveillance testing) applicable to unvaccinated or partially vaccinated individuals as a condition of my physical presence in a SUNY Facility.
  
- I certify that I have confirmed with my academic program that not receiving the COVID-19 Vaccination will not prevent the completion of my programmatic or curricular requirements.
  
- If my request is granted, I understand that I will be required to comply with the campus' COVID-19 related health and safety protocols (e.g., mask/face coverings, social distancing, regular surveillance testing) if accessing a SUNY Facility as a condition of my on-going physical presence. I am aware that should a COVID-19 outbreak occur at the campus that I may be excluded from all in-person classes and activities and that if I am enrolled in courses that require a physical presence on campus that I may not be able to complete my academic coursework remotely. I acknowledge that any refund I might be entitled to in the case of a COVID-19 outbreak would be subject to all existing SUNY policies.
  
- I certify that my statements above, and all supporting documentation, are true and accurate, and that the receipt of the COVID-19 vaccination may be detrimental to my health.

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

\*Student, but Parent or Legal Guardian must sign if the student is under 18 years old as of first day of classes.

*Please note that the campus reserves the right to request additional documentation to support a request for a medical exemption.*

**Part II. Medical Exemption Request (to be completed by medical provider)**

A licensed medical provider (Physician, Physician’s Assistant, or Nurse Practitioner) and student should review [the CDC guidance](#) regarding contraindications for COVID-19 vaccines. The provider must complete Section(s) A and/or B and provide their provider information in Section C.

**Section A. Medical Provider Certification of Contraindication:** I certify that my patient (named above) cannot be vaccinated against COVID-19 because of the following contraindication:

Please select which of the medically indicated COVID-19 vaccine contraindications defined by the CDC apply:

- Severe allergic reaction (anaphylaxis) after a previous dose or to a component of the COVID-19 Vaccine, including Polyethylene Glycol (PEG). ***(Describe reaction/response below and contraindication to alternative vaccines.)***
- Immediate allergic reaction to previous dose or known (diagnosed) allergy to a component of the vaccine. ***(Describe reaction/response below and contraindication to alternative vaccines).***
- Physical condition/medical circumstance that vaccination would not be considered safe. ***(Describe condition/circumstance below and contraindication to alternative vaccines).***
- Other. ***(Describe in detail and your professional opinion why this individual should be exempt from vaccination).***

Additional details on the selected option(s) above (to be completed by the medical provider):

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Please note that **NONE of the following are considered contraindications** to the COVID-19 vaccine.

- Local injection site reactions to previous COVID-19 vaccines (erythema, induration, pruritus, pain).
- Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphedema, diarrhea, myalgia, arthralgia).
- Previous COVID-19 infection.
- Vasovagal reaction after receiving a dose of any vaccination.
- Being an immunocompromised individual or receiving immunosuppressive medications.
- Autoimmune conditions, including Guillain-Barre Syndrome.
- Allergic reactions to anything not contained in the COVID-19 vaccine, including injectable therapies, food, pets, oral medications, latex etc. (Please note the COVID vaccine does not contain egg or gelatin).
- Alpha-gal Syndrome.
- Pregnancy, undergoing fertility treatment, intention to become pregnant or breast-feeding. (Please note the American College of Obstetricians and Gynecologists, the Society for Maternal-Fetal Medicine and the Society for Reproductive Medicine all strongly recommend COVID-19 vaccination during pregnancy).
- The medical condition of a family member or other residing in the same household as the employee.

Clinician Certification: **By completing this form, you certify that different methods of vaccinating against COVID-19 have been fully considered and that the patient has the contraindication indicated above that precludes any/all available vaccinations for COVID-19.** Information about approved medical exemptions for COVID-19 vaccination can be reviewed at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

