

SUNY Delhi.

Medical Exemption from Vaccinations

A medical exemption is given when a valid contraindication to a vaccination exists. A student may submit a completed medical exemption form that is signed by a licensed physician, nurse practitioner, or physician's assistant. The provider must certify that an immunization may be detrimental to the student's health, which:

- Specifies which immunizations may be medically contraindicated;
- Contains sufficient information to determine if a medical contraindication to specific immunization exists;
- Specifies the length of time the immunization is medically contraindicated.

COVID Vaccine contraindications are: Documented immediate severe allergic reaction/anaphylaxis after receiving a COVID vaccine, history of thrombosis with thrombocytopenia or history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A) after a confirmed SARS-CoV-2 infection or a COVID vaccine. (See the [CDC guidance regarding contraindications](#)).

This form must be completed and signed by a licensed health care provider in New York State and must be submitted through SUNY Delhi's patient portal.

Attestation Signed by the Student

I understand that if this medical waiver is approved, in the event of a mumps, measles, rubella case, or an outbreak of COVID cases at SUNY Delhi, I may be required to leave the campus under the direction of the Department of Health for an extended period of time which may impact my ability to complete my coursework in the given semester.

Student's Printed Name: _____

Student's Signature: _____

Date Signed: _____

Student's Date of Birth: _____

Student's SUNY Delhi 800 #: _____

This section is to be completed by the student's provider

As the student's health care provider, I request a medical exemption for the following required immunization(s): (check all that apply)

____ COVID-19 ____ Meningitis ____ Tdap/Td ____ MMR ____ Varicella ____ Influenza

I certify under penalty of violation of NYS Public Health Law Section 2165 that the particular immunization(s) will be detrimental to the student's health.

Explanation for exemption request for each vaccine(s). Specify diagnosis and/or treatment precluding vaccination, date of event(s), and expected duration of contraindication. Please include supporting documentation. Attach additional pages if needed.

COVID-19: _____

Meningitis: _____

Tdap/Td: _____

MMR: _____

Varicella: _____

Influenza: _____

Provider's Printed Name: _____

Provider's NYS License #: _____

Provider's Signature: _____ **Date:** _____

Provider's Phone #: _____

Provider's Address: _____

Upon completion by a licensed health care provider this form must *be submitted through the SUNY Delhi patient portal*. Directions below to upload completed form.

1. Print out and complete the form.
2. Scan or take a photo of the completed form.
3. Sign into the [SUNY Delhi patient portal](#).
4. **Click on the upload link** on the menu bar at the top of the page and follow the step-by-step instructions.
5. Once uploaded, the waivers will be stored in your immunization record.
6. Waivers will be reviewed and are subject to approval.

Health Services will email the student regarding the approval of the medical vaccination waiver at their SUNY Delhi email account once reviewed.

Student's Printed Name: _____

Student's Date of Birth: _____

Student's SUNY Delhi 800 #: _____

Upon completion, this form must be submitted through the SUNY Delhi Patient Portal:

1. Print out and complete this exemption form.
2. Scan or take a photo of the completed form.
3. Sign into your SUNY Delhi patient portal.
4. Click on the upload link on the menu bar at the top of the page and follow the step-by-step instructions.
5. Scroll down to bottom left side of page. Under 'Documents Available to be Uploaded', choose the 'Vaccine Exemption Request' document in the drop-down box. Select your completed, saved form and upload it.
6. Once uploaded, the exemption will be stored in your medical chart.
7. Exemptions will be reviewed and are subject to approval.
8. **The review committee will email the student regarding the approval/denial of the religious or medical exemption at the student's SUNY Delhi email account once reviewed.**

Attestation Initialed *and* Signed by the Student

-OR-

Attestation Initialed *and* Signed by Parent *and* Student if Under the age of 18

Initial each item below declaring you have read, understood and will adhere to each directive:

___ If this religious or medical exemption is approved, **I may be required to leave the campus** in the event of an outbreak of any contagious illness that I am not immunized against. My absence from campus may be for an extended period of time and may impact my ability to complete my coursework in the given semester.

___ Due to my non-vaccinated status, **I will not be allowed to stay or be quarantined/isolated on campus** for any reason and will make other arrangements for off-campus housing. ***Student, please document what your plan for pick-up and housing will be: _____

___ **I will attend required weekly laboratory testing** when mandated to do so. If I miss/fail to attend testing dates during the semester, I am aware I will receive disciplinary actions and might be removed from campus.

___ **I will abide by all guidelines and policies** of the Center for Disease Control, the Delaware County Department of Health, Campus Health Services and New York State regarding the use of personal protective equipment.

___ **I will follow all rules in the college Code of Conduct.**

Student's Printed Name:

Student's Signature: _____