

SUNY Delhi

Temporary Vaccine Medical Accommodation Form

******(Please note: Accommodations will need to be updated/completed every semester.)******

This form is for all students who cannot fulfill the current vaccine requirement as mandated by SUNY Delhi College, for the upcoming semester.

I, _____ cannot receive the following vaccine(s):

Print Student's Name

(please circle): COVID 19 COVID Booster MMR Other _____

I have been instructed by my Primary Health Care Provider to wait to receive the above vaccine due to:

Please attach documentation letter from you Primary Care Provider confirming your information.

Student, **when** will you receive the required vaccine to complete the college requirement? A specific date is required in order to hold you to this temporary accommodation. _____

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

1. Print out and complete this accommodation form.
2. Scan or take a photo of the completed form.
3. Sign into you 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 "Document 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 accommodation will be stored in your medical chart.
7. Accommodations will be reviewed and are subject to approval.
8. The review committee will email the student regarding the approval/denial of the exemption/accommodation to 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 Temporary Medical Accommodation 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: _____

Signature of Parent/Guardian if under age 18: _____

Student's Date of Birth: _____

Student's SUNY Delhi 800#: _____

Date Signed: _____