

Purchase College Health Services COVID-19 Vaccine Temporary Medical Accommodation Request Form

Section I: Student Information (to be completed by student or guardian, if student is under 18)

Last Name	First Name	Purchase Email	Date of Birth	Student ID #

Section II: Temporary Medical Accommodation Request (to be completed by student or guardian, if student is under 18)

Temporary Medical Accommodation: I certify that I:

- Received my first COVID-19 vaccination on _____ (insert date). I received the following vaccine (select one): _____ Moderna; _____ Pfizer; **OR** _____ J&J.
- S c h e d u l e d my second Moderna or Pfizer vaccine on _____ (insert date)
- Uploaded vaccination card showing my first vaccine to the Student Health Portal and will submit confirmation of second vaccine as soon as received, if applicable. - <https://purchase.medicatconnect.com>

Section III: Student Understanding & Consent

- I understand that if I am not fully vaccinated against COVID-19, I will need to abide by all COVID-19 related health and safety restrictions if accessing a SUNY facility, including, but not limited to, use of face masks, physical distancing, participation in surveillance testing, and quarantine.
- I understand that, in the event of an outbreak of COVID-19 on campus, the college reserves the right to mandate that I leave campus for a period of time to be determined in consultation with the Westchester County Department of Health.
- I understand that should I contract COVID-19, I will immediately report it to Purchase College’s Health Services (call: 914-251-6380) and comply with all isolation and quarantine procedures specified by the College and remove myself from the College community if so advised.
- I understand that this exemption will expire 2 weeks after all vaccine requirements have been met.
- I understand and agree to comply with and abide by all Purchase College policies and procedures.
- I certify that I have confirmed with my academic program that not receiving the COVID-19 vaccination will not prevent my completion of the programmatic or curricular requirements.
- I certify that the information I have provided in connection with this request is accurate and complete. I understand this accommodation may be revoked and I may be subject to College disciplinary action if any of this information I provided in support of this accommodation is false.

Signature: _____ Date: _____

Student or guardian if under 18

Once completed, students should upload the signed form to the Health Services’ Portal at
<https://purchase.medicatconnect.com>