

Purchase College Health Services COVID-19 Vaccine Medical Exemption 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: Medical Exemption Request (to be completed by medical provider)

Information will be reviewed by our senior physician and/or infectious disease specialist.

Medical Exemption: See the [CDC guidance](#) regarding contraindications for COVID-19 vaccines.

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

- Documented immediate (< 4 hours) or severe allergic reaction/anaphylaxis (e.g., hives, swelling of the mouth or throat, difficulty breathing, low blood pressure, or shock) after receiving a COVID vaccine or to any of the vaccine components: **Provide the name of the vaccine or the vaccine component and describe the reaction.**

- Treated for COVID-19 with monoclonal antibodies or convalescent plasma in the past 90 days
Please explain, including date of diagnosis and manifestations/complications.

- History of multisystem inflammatory syndrome in adults (MIS-A) or children (MIS-C) in the past 90 days
Please explain, including date of diagnosis and manifestations/complications.

Healthcare Provider Information	Date
Name (print):	Address/Clinic Stamp:
Signature:	Phone:

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 when the medical condition(s) contraindicating immunization changes in a manner which permits immunization, as determined by the College in reviewing the request.

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 understand that this exemption is only valid for the approved period of 1 semester and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption.

I certify that the information I have provided in connection with this request is accurate and complete. I understand this exemption may be revoked and I may be subject to College disciplinary action if any of this information I provided in support of this exemption 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>

Uploaded exemption request forms will be reviewed. Decisions will be released through the Department of Student Affairs.