COVID-19 Vaccination - Exemption Request and Waiver of Responsibility

Syracuse University requires individuals accessing their campus facilities to get a COVID-19 vaccine. The facilities include, for example, dining halls, recreational facilities, gyms, classrooms, and instructional areas. This requirement is extended to SUNY-ESF students who would access and use those campus facilities.

Students may request either a medical or religious exemption.

1. Medical exemption is allowed if a physician submits a written, signed, and dated statement indicating that, in their professional opinion, immunization is medically contraindicated and would endanger the health of the individual.

2. Religious exemption is allowed if a student (or parent/guardian if under age 18) submits a written, signed, and dated statement that an immunization conflicts with sincerely held religious beliefs.

Indicate which exemption you are requesting.

Medical Exemption

_____ I am requesting exemption from the COVID-19 vaccine requirements for medical reasons. Please see attached statement from my personal physician regarding my request for medical exemption.

--OR--

Religious Exemption

_____ I am requesting exemption from the COVID-19 vaccine requirements for sincerely held religious reasons. Please see attached statement regarding my request for religious exemption.

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_____ (initials) I understand that Syracuse University may restrict my access and use of its campus facilities if I decline the COVID-19 vaccine. I remain responsible for all charges and fees, subject to any terms relating to services in those campus facilities.

_____ (initials) I understand that in the case of a disease outbreak, I may be isolated and/or excluded from the SUNY-ESF campus, including but not limited to, classes, activities, and on-campus housing if I do not get a COVID-19 vaccine. This is for the protection of my personal health and the health of the community as determined by SUNY-ESF in consultation with the Onondaga County Health Department.

_____ (initials) I agree to release SUNY-ESF from all claims of liability arising from illness or injury resulting from my declination of the COVID-19 vaccine. I agree to be responsible for costs incurred by SUNY-ESF directly caused by my declination of the COVID-19 vaccine.

_____ (initials) I am aware that if asked to leave campus in the event of a disease outbreak because I have declined the COVID-19 vaccine, SUNY-ESF will not be responsible for expenses accrued as a result of having to leave campus.

Signed (student): ___________________________ Date: ______________

Printed Name: ________________________________

Parent/guardian signature acknowledging the above on behalf of the student, if student is under 18:

Signed: ___________________________ Date: ______________

A parent/guardian requested religious exemption is only in effect until the student becomes 18 years old. At that time, the student must request a religious exemption and write their own statement of belief.