

# SUNY ESF COVID-19 Vaccination

## Medical Exemption/Accommodation Request and Waiver of Responsibility

[SUNY policy 3100](#) requires all students accessing SUNY facilities in-person to receive COVID-19 vaccination with some limited exemptions. Syracuse University requires individuals accessing their campus facilities to receive COVID-19 vaccination, including all boosters for which a student is eligible. 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.

SUNY ESF students may request the following exemptions or accommodation:

1. Online or Fully Remote Exemption
2. Medical Accommodation or Medical Exemption
3. Religious Exemption

***Indicate which exemption or accommodation you are requesting.***

### **Medical Accommodation**

\_\_\_\_\_ I am requesting exemption from the COVID-19 vaccine requirements because I am not yet fully vaccinated (defined as two weeks after the final dose of vaccine has been received), I have not received a booster for which I am eligible, or I am an international student who has received a COVID-19 vaccination not authorized or approved by the FDA or the WHO. I attest I will follow all COVID-19 related guidelines until I am fully vaccinated including, but not limited to, masking and social distancing guidelines, testing guidelines, etc. Further, I understand that my failure to get fully vaccinated as required by [SUNY policy 3100](#) may result in my loss of privileges including, but not limited to, access to facilities and un-enrollment from the College of Environmental Science and Forestry.

OR

### **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. This statement should certify in writing that receiving the COVID-19 vaccination may be detrimental to the student's health.

**All students requesting exemption or accommodation should also complete the section below:**

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\_\_\_\_\_ (initials) I understand that ESF and/or 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 and/or Syracuse University in consultation with the Onondaga County Health Department.

\_\_\_\_\_ (initials) I agree to release SUNY, SUNY ESF, and Syracuse University 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, SUNY ESF, and/or Syracuse University will not be responsible for expenses accrued as a result of having to leave campus.

**\*\*PLEASE COMPLETE THE SIGNATURE SECTION ON THE NEXT PAGE\*\***

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.*

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