

SUNY ESF COVID-19 Vaccination

Online or Fully Remote 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

Online or Fully Remote Exemption

_____ I am requesting exemption from the COVID-19 vaccine requirements because my program of students is online or fully remote. My signature below attests that I understand that I am not permitted to use any SUNY, SUNY ESF, and/or Syracuse University facility unless I submit proof of vaccination or am granted an exemption.

Students requesting this must complete this form below, and return it to the College via the [Vaccine Documentation Submission](#) portal.

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

_____ (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.

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.