

SUNY Potsdam Student 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 by 8-15-22))

Last Name	First Name	Student Email	Date of Birth	P#

☐ 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. Restrictions may include, but are not limited to, use of face masks, social distancing, participation in weekly testing, and quarantine.

Signature: _____ Date: _____
Student (or guardian if under 18 by 8-15-22)

Section II: Medical Exemption Request (to be completed by medical provider)

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.

- ☐ History of thrombosis with thrombocytopenia.
Please explain, including date of diagnosis and presentation/complications.

- ☐ History of Multisystem Inflammatory Syndrome in Children (MIS-C) or Adults (MIS-A) after a confirmed SARS-CoV-2 infection or a COVID-19 vaccine.
Please explain, including date of diagnosis and manifestations/complications.

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

Once completed, send the form to SHS@potsdam.edu or mail/fax to Student Health Services (information above).

Exemption request forms will be reviewed. Our decision will be sent to your personal Potsdam.edu address.

Questions: please contact Student Health Services