

Nassau Community College

COVID-19 Vaccination Requirement
Medical Exemption Request Model Form

To request a medical exemption from the SUNY COVID-19 Vaccination requirement, please complete this form and submit it to the Student Health Office dropbox in the Student Services Center or email it to HealthOffice@ncc.edu. A decision regarding your request will be released through your NCC Student email. Please be sure to write your NCC Student email legibly below.

Part I. Student Information and Certification:

Table with 5 columns: LAST NAME, FIRST NAME, STUDENT EMAIL ADDRESS, DATE OF BIRTH, STUDENT ID #

Please check each box to acknowledge:

- While my request is pending, I understand that I must comply with the campus' COVID-19 related health and safety protocols...
I certify that I have confirmed with my academic program that not receiving the COVID-19 Vaccination will not prevent the completion of my programmatic or curricular requirements.
If my request is granted, I understand that I will be required to comply with the campus' COVID-19 related health and safety protocols...
I certify that my statements above, and all supporting documentation, are true and accurate, and that the receipt of the COVID-19 vaccination may be detrimental to my health.

Signature*: _____ Date: _____

*Student, but Parent or Legal Guardian must sign if the student is under 18 years old as of first day of classes.

Please note that the campus reserves the right to request additional documentation to support a request for a medical exemption.

Part II. Medical Exemption Request (to be completed by medical provider)

A licensed medical provider (Physician, Physician’s Assistant, or Nurse Practitioner) and student should review [the CDC guidance](#) regarding contraindications for COVID-19 vaccines. The provider must complete Section(s) A and/or B and provide their provider information in Section C.

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

Please select which of the medically indicated COVID-19 vaccine contraindications defined by the CDC apply:

- Severe allergic reaction (anaphylaxis) after a previous dose or to a component of the COVID-19 Vaccine, including Polyethylene Glycol (PEG). *(Describe reaction/response below and contraindication to alternative vaccines.)*
- Immediate allergic reaction to previous dose or known (diagnosed) allergy to a component of the vaccine. *(Describe reaction/response below and contraindication to alternative vaccines).*

Additional details on the selected option(s) above (to be completed by the medical provider):

Please note that **NONE of the following are considered contraindications** to the COVID-19 vaccine.

- Local injection site reactions to previous COVID-19 vaccines (erythema, induration, pruritus, pain).
- Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphedema, diarrhea, myalgia, arthralgia).
- Previous COVID-19 infection.
- Vasovagal reaction after receiving a dose of any vaccination.
- Being an immunocompromised individual or receiving immunosuppressive medications.
- Autoimmune conditions, including Guillain-Barre Syndrome.
- Allergic reactions to anything not contained in the COVID-19 vaccine, including injectable therapies, food, pets, oral medications, latex etc. (Please note the COVID vaccine does not contain egg or gelatin).
- Alpha-gal Syndrome.
- Pregnancy, undergoing fertility treatment, intention to become pregnant or breast-feeding. (Please note the American College of Obstetricians and Gynecologists, the Society for Maternal-Fetal Medicine and the Society for Reproductive Medicine all strongly recommend COVID-19 vaccination during pregnancy).
- The medical condition of a family member or other residing in the same household as the employee.

Clinician Certification: **By completing this form, you certify that different methods of vaccinating against COVID-19 have been fully considered and that the patient has the contraindication indicated above that precludes any/all available vaccinations for COVID-19.** Information about approved medical exemptions for COVID-19 vaccination can be reviewed at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

