

## SUNY Oswego Health Services Medical Exemption Vaccine Request Form

### Section I: Student Information

(To be completed by student or guardian)

Last Name	First Name	Student Email	Date of Birth

☐ I understand that if I am not fully vaccinated against any recommended or required vaccines, I will need to abide by all related health and safety restrictions if accessing a SUNY facility, including, but not limited to, use of face masks, physical distancing, participation in surveillance testing, and quarantine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent or guardian if under 18*

### Section II: Medical Exemption Request

(To be completed by medical provider)

*Information will be reviewed by the Director of Student Health Services or designee. **\*Must be signed by medical provider AND be stamped in order to be accepted\****

**Medical Exemption:** See the CDC guidance regarding contraindications for receiving vaccines.

**Medical Provider Certification of Contraindication:** I certify that my patient (named above) cannot be vaccinated against the below checked vaccines because of the following contraindication(s):

☐ COVID-19      ☐ Measles      ☐ Mumps      ☐ Rubella      ☐ Meningitis      ☐ Other

☐ 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 \_\_\_\_\_ 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.**

\_\_\_\_\_  
\_\_\_\_\_

☐ Other \_\_\_\_\_

\_\_\_\_\_

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

Once completed, students should upload the signed form to the document upload section of Health Services Portal at <https://oswego.medicatconnect.com>

Uploaded exemption request forms will be reviewed. Decisions will be released through secure email through the patient portal.

Questions: please contact Health Services at **315-312-4100**.