COVID 19 Vaccine Medical Exemption Form

Section I: Student Information (to be completed by student or guardian, if student is under 18)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student Email</th>
<th>Date of Birth</th>
<th>Fredonia ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: __________________________________________ Date: _______________________

Student or guardian if under 18

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

Information will be reviewed by our physician.

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.

☐ 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 if accessing a SUNY facility, including, but not limited to, use of face masks, physical distancing, participation in surveillance testing, and quarantine.

Healthcare Provider Information

<table>
<thead>
<tr>
<th>Name (print):</th>
<th>Address/Clinic Stamp:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: __________________________ Phone: __________________________

Once completed, students email this form to the Student Health Center at health.center@fredonia.edu. Uploaded exemption request forms will be reviewed. Decisions will be released through the Secure Messaging function of the Health Services’ portal.

280 Central Avenue       Lo Grasso Hall       Fredonia, NY 14063       716-673-3131       fredonia.edu/healthcenter