

FORDHAM UNIVERSITY HEALTH SERVICES

REQUEST FOR EXEMPTION FROM NYS VACCINATION LAW 2165 REQUIREMENTS or FROM UNIVERISTY COVID-19 VACCINATION POLICY.

Purpose: To provide documentation for a student exemption of the required immunization; to identify students who are vulnerable to vaccine-preventable illness in the event of an outbreak; to inform these students of the potential effect on their presence on campus in the event of an outbreak.

Procedure: Students who wish to exempt themselves from receiving the required vaccination must complete this documentation, have it notarized and provide it to the University Health Services. For entering students, this waiver is required prior to start of classes.

Religious Exemptions:

- A written, signed statement from the student stating his or her sincere and genuine religious belief which prohibits immunization.

Medical Exemptions:

- A written certificate from a licensed physician or nurse practitioner that one or more of the required immunizations is medically contraindicated or otherwise detrimental to the student's health.
- The specific vaccine must be indicated. The duration of the exemption must be specified and the reason for the medical exemption must be valid.

I do not wish to receive these vaccinations for the following reasons:

() Religious (letter attached) () Medical (medical documentation attached)

I agree to hold Fordham University harmless in the event of any illness or injury resulting from my noncompliance with this requirement. I understand that in the case of a vaccine-preventable disease outbreak to which I am likely not immune, at the discretion of the medical staff and under the guidance of the New York State Department of Health, I may be temporarily excluded from classes, residence halls or the entire Fordham campus. This action would be taken not only to protect my health, but to reduce the risk to the community of further spread of the illness through me. I will be responsible for any expenses I may incur for such exclusion. I also understand that the make-up of any missed class work is at the discretion of the involved faculty.

Name _____ DOB _____ Signature _____

I hereby affirm that this affidavit was signed in my presence of this ____ day of _____ 20____

Notary Public Seal

Notary Public