

MARIA

COLLEGE

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Medical COVID Vaccination Exemption Request

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

The purpose of this form is for use to apply for a medical exemption to the COVID-19 vaccine requirement.

I, _____, have read The Center for Disease Control education materials (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html>), vaccination fact sheets, and the most recent recommendations on safety and specific vaccine information. I understand the risks associated with not receiving the COVID-19 vaccine and am requesting a medical exemption from receiving said vaccine.

I understand that my COVID-19 vaccine exemption request for medical reasons may subject me to certain precautions as determined necessary by law, the New York State Department of Health, and/or Maria College. These may include, but are not limited to, continued participation in COVID-19 testing, physical distancing, exclusion from campus and/or campus related activities, and/or isolation and quarantine for a period of time to be determined by the College.

I understand that locations Maria College uses for clinical, internship, or other similar activities may require that students be vaccinated for COVID-19 and that Maria College will not be liable for any delay in graduation or for securing clinical sites or for any costs for items such as missed classes due to injury or illness caused by COVID-19.

I understand I will be required to participate in continued COVID-19 precautions, per Maria College policies and procedures.

Signature: _____ Date: _____

Licensed Health Care Provider (Please Complete this Section):

Name (print): _____

Address: _____ Phone Number: _____

Medical License #: _____ State: _____

Please describe the patient's contraindication or condition: _____

_____ Date exemption ends (if applicable): _____

Signature

Date

For Use by Maria College:

Medical Exemption Reviewed: Accepted Not Accepted Date _____

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