



Student Affairs
Old Main 102 | phone 716-888-2130 | fax 716-888-3190 | email
stfmail@canisius.edu

Immunization Requirements for Students Medical Exemption Statement for COVID-19 Vaccine

Instructions:

1. Complete information (name, DOB etc.).
 2. Complete contraindication/precaution information. (or attach a separate letter from the Physician).
 - *Note: Medical vaccine exemptions require the medical documentation be drafted by a physician licensed in NYS*
 3. Complete medical provider information.
 4. Retain copy for file.
 5. Return original to Canisius College Student Health or upload to MyCanisiusHealth.
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Student Name: _____

Student Date of Birth: _____

Student Address: _____

Name of Educational Institution: Canisius College, 2001 Main Street, Buffalo, New York 14208-1098

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturer's package insert and by the most recent recommendations of the Centers for Disease Control and Prevention (CDC) available on the CDC website for *Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States*

This guide can be found at the following website: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

Please describe the patient's contraindication(s)/precaution(s) here: _____

Date exemption ends (if applicable): _____

Note: A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) _____ **NYS Medical License #** _____

Address: _____

Telephone: _____

Signature: _____ **Date:** _____

Medical Exemption Status:

☐ Accepted

☐ Not Accepted

Approver Signature: _____

Date: _____