



### 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.

**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: \_\_\_\_\_