College at Old Westbury Student Health Center
P.O. Box 210 Old Westbury, NY 11568-0210

Phone: 516-876-3250
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College at Old Westbury Health Center
COVID-19 Vaccine
Medical Exemption Request Form

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

Last Name	First Name	Old Westbury Email	Date of Birth	OW ID #

Signature:_____ Date:_____
Student (or guardian if under 18 years old)

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

Information will be reviewed by our Senior Medical Advisor

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.

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☐ 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.

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☐ 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	Date
Name (print):	Address/Clinic Stamp:
Signature:	Phone:

Once completed, students should email the signed form to studenthealth@oldwestbury.edu

Exemption request forms will be reviewed by Student Health Center and decisions will be released through the student's Old Westbury email. Any questions, please call the Student Health Center at 516-876-3250