University at Buffalo Health Services
COVID-19 Vaccine
Medical Exemption Request Form

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student Email</th>
<th>Date of Birth</th>
<th>UB Person #</th>
</tr>
</thead>
</table>

☐ 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. I am aware that students with approved exemptions can be excluded from SUNY facilities if the campus is experiencing a high level of positive cases.

Signature: ___________________________ Date: ___________________________

Student or guardian if under 18

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

*Information will be reviewed by our senior physician and/or infectious disease specialist.*

The licensed medical provider and student should review the [CDC guidance](https://www.cdc.gov) 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. In the space below, provide the name of the vaccine or the vaccine component and describe the reaction.

☐ History of thrombosis with thrombocytopenia. In the space below, explain, including date of diagnosis and presentation/complications.

☐ 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. In the space below, explain, including date of diagnosis and manifestations.

☐ Myocarditis or pericarditis after receipt of the first dose of an mRNA COVID-19 vaccine series but before administration of the second dose. In the space below, document vaccine name and date of receipt, date of onset of myocarditis or pericarditis, treatment, complications, and recovery.

☐ Diagnosed with COVID-19 and received convalescent plasma or monoclonal antibodies as part of your COVID-19 treatment. In the space below, document date of receipt of COVID-19 convalescent plasma or monoclonal antibodies. Note that COVID-19 vaccination should be deferred only if this treatment occurred within the past 90 days, and any temporary medical exemption granted will expire after 90 days of receipt of this treatment.

☐ Diagnosed with COVID-19 in the past 10 days. In the space below, provide date of diagnosis. Note that if granted, the temporary medical exemption will expire after 10 days from diagnosis, i.e., when you are no longer acutely ill and no longer infectious.

☐ Currently in quarantine due to a known COVID-19 exposure. In the space below, provide start and end dates of quarantine. Note that if granted, the temporary medical exemption will expire once your quarantine period has ended.
Name of patient: 

Medical provider supplied details, as requested in selected option above: 

<table>
<thead>
<tr>
<th>Healthcare Provider Information</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (print):</td>
<td>Address/Clinic Stamp:</td>
</tr>
<tr>
<td>Signature:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

Once completed, students should upload the signed form to the Upload section of Health Services’ Portal at [https://patientportal.buffalo.edu](https://patientportal.buffalo.edu)

Uploaded exemption request forms will be reviewed. Decisions will be released through secure messaging function of the Health Services’ portal.