University at Buffalo Health Services
COVID-19 Vaccine

Fully Remote Instruction Mode Only 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>Semester (Term &amp; Year)</th>
<th>UB Person #</th>
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*Students enrolled in a fully online degree program registered by NYS Education Department and are enrolled only in online courses are automatically waived from the COVID-19 vaccine requirement and do not need to complete this form.

Section II: Remote Only Exemption Request (to be completed by student or guardian, if student is under 18)

This form is required for students requesting an exemption from the COVID-19 vaccination requirement due to their status as a fully remote learner and are not enrolled in one of our fully online degree programs.

1. I understand that all University at Buffalo (UB) students who access any SUNY campus facilities in person are to be fully vaccinated against COVID-19, with limited exceptions.

2. My signature below indicates that I am requesting an exemption from this requirement for the semester listed above, and that I attest I will register for remote instruction mode courses only and will not have a physical presence at any SUNY facility (i.e. classrooms, libraries, residence halls, arena) including for the purpose of using on-campus services, for the duration of the identified semester.

3. I understand that if I want to register for only fully remote courses again during a subsequent semester, I will need to submit a new exemption request.

4. (Undergraduate Students only) I understand that all undergraduate degrees (with the exception of the Nursing RN-BS and Engineering Science BS Online) are place-based. While the university will continue to offer some fully remote courses, it is not possible to complete an undergraduate degree without substantial in-person coursework.

5. I attest that if I must have an in-person presence at any SUNY facility after signing this form, that I will submit proof of COVID-19 vaccination to University at Buffalo Student Health Services in advance.

6. I have read and understand the foregoing statements and sign it with full knowledge of its meaning and content.

Signature: __________________________________________________________

Date: __________________________

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

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