University at Buffalo Health Services
COVID-19 Vaccine
Fully Remote Instruction 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>
</tr>
</thead>
</table>

*Students enrolled in fully online degree programs and are registered for only online courses are automatically waived from the COVID-19 vaccine requirement. These students do not need to complete this form.

Section II: Fully Remote Instruction 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 but who is not in a fully online degree program.

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. While this requirement will not take full effect until at least one COVID-19 vaccination receives full FDA approval, all students are advised that UB will require full compliance with this general policy requiring student vaccinations at the earliest possible date following full FDA approval.

2. My signature below indicates that I am requesting an exemption from this requirement beginning on the date this form is signed, and that I attest I am registered only for courses taught in Fully Remote Instruction Mode for and will not have a physical presence at any SUNY facility, 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 Instruction courses again during a subsequent semester, I will need to request a new waiver.

4. Furthermore, 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 Health Services.

5. 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.