



**RUSSELL SAGE
COLLEGE**
ALBANY & TROY

Wellness Center

Medical Exemption from COVID-19 Vaccination -Student

Section I: (to be completed by Student or Parent/Guardian if Student is under 18)

Student Name: _____ (First MI Last)

Date of Birth: _____

Student ID Number: _____

Phone Number: _____

To reduce the risk of COVID-19 transmission among our community, Russell Sage College (RSC) has adopted the [RSC COVID-19 Vaccine Policy](#) (the “Policy”), which requires all students and employees to be fully vaccinated with an authorized COVID-19 vaccine prior to the beginning of the Fall 2021 semester and receive a booster shot when eligible unless they (1) submit a written request for a medical or religious exemption, and (2) the request is granted following a review by the Director of the Wellness Center.

I understand that, under the Policy, to request a medical exemption, I must submit a written statement from a medical doctor or nurse practitioner (see Section II, below):

- certifying that immunization may be detrimental to my health or is otherwise medically contraindicated; and
- including the date the qualifying medical condition exemption ends if the contraindication is temporary.

I understand that RSC can only provide reasonable accommodations to students with approved medical exemptions if the reasonable accommodations do not create an undue hardship for the College and/or do not pose a direct threat to the health or safety of others on campus.

I understand that, even if my medical exemption is granted:

- RSC intends to return to full in-person mode, without routinely scheduled online options, for classes normally taught in person.
- Many courses and degree requirements CANNOT be fulfilled via remote learning options. Examples of these include, but are not limited to, experiential rotations and laboratory coursework. The inability to take these classes in-person might result in a graduation delay.
- RSC reserves the right to deny remote work or learning as an accommodation, if other accommodations are available and effective.
- For students in any programs in the Nursing or Health Sciences school, or in any other program that requires clinical or experiential training, even if RSC grants the student’s request, RSC cannot guarantee the student will be able to secure the clinical/ experiential assignments necessary to graduate with a degree, or to obtain a licensed position, in their field. In addition, RSC may, in its discretion, make the student responsible for securing clinical/ experiential assignments at clinical/experiential sites acceptable to their program.

I also understand and acknowledge that if RSC approves my request for a medical exemption from its vaccination requirements, I will not have the protections afforded by the vaccine(s). By signing below, I knowingly and voluntarily agree to assume the risks associated with being a student at RSC, and participating in College activities on and off campus, without the vaccine(s) intended to prevent COVID-19.

In addition, I understand that, if my request is granted, while I may participate in campus activities (i.e., classes, events, athletics, residence life), I must abide by the following additional health and safety precautions:

- submit a negative COVID-19 test result before arrival to campus prior to the beginning of the semester;
- participate in surveillance testing throughout the semester;
- complete the daily health screener;
- wear masks on campus both indoors and outdoors;
- quarantine if I test positive or become exposed to COVID-19; and
- leave campus in the event of a COVID-19 outbreak, as defined by the local Department of Health.

Notwithstanding the foregoing, I, _____, hereby request a medical exemption from RSC's requirement to be vaccinated against COVID-19.

Student Signature: _____ Date: _____

If the student is under the age of 18, I _____ hereby represent that I am a parent or legal guardian of the student identified above, and I consent to their request for a medical exemption. In addition, I hereby acknowledge and confirm the representations made by the student herein.

Parent/Legal Guardian Signature: _____ Date: _____

Section II: (to be completed by Medical Provider who must be a licensed physician, physician’s assistant or nurse practitioner)

The above-named student is requesting a medical exemption from RSC’s COVID-19 vaccination requirements. RSC may approve such a request in the event immunization is contraindicated for one of the reasons described below. Please complete the form below. Should you have any questions, please contact RSC’s Wellness Center at [518-244-2273]. Thank you.

Medical Provider Certification of Contraindication: I certify that my patient (student named above) should not receive any of the vaccines for COVID-19 because immunization may be detrimental to my patient’s health or is otherwise medically contraindicated due to one of the following contraindications (please check all that apply):

- History of previous allergic reaction, or documented allergy testing to indicate an immediate hypersensitivity reaction, to the vaccine or a component of the vaccine.
- Other contraindication (please list contraindication and explain):

Date that the qualifying medical condition exemption ends if the contraindication is temporary:

Medical Provider Name (printed) _____

Medical Provider Name (signature) _____

Date _____

Medical Provider Address (Street, City, State, ZIP Code) _____