

Student Name:		DOB:	
Address:		Student ID#	
Citv:	State:	Zip:	

I request the below listed information be provided to Cayuga Community College in compliance with the State University of New York mandatory COVID-19 vaccine policy. I further understand that this information will be kept confidential.

_____ I understand that if I am not fully vaccinated against COVID-19, I may not be eligible to participate in clinicals, internships or other programmatic/curricular requirements needed to graduate from the following academic programs: Nursing, Human Services, OTA, Media Production, Audio Production, Music Production, Telecommunications Technology.

_____ 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 in order to access Cayuga Community College campus, including, but not limited to, use of masks, physical distancing, participation in surveillance testing, and quarantine. I am aware that I may be excluded from Cayuga's facilities if the campus is experiencing a community outbreak or high level of positive cases until such time officials determine that the danger of transmission has passed.

_____ I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any false information has been used to request an exemption.

Signature:

Date: _____

Student or Student's Guardian signature if student is under the age of 18 years

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Nature of Waiver:	Temporary	Date of expiration:
	Permanent	

Reason for Waiver/Diagnosis (Please explain fully):

Signature of MD, NP, PA:	Date:
Name:	
Address:	
Phone #:	

Please email this completed form to: kchaykos@cayuga-cc.edu