SARS-CoV-2(COVID-19) Vaccine Verification and Medical and Religious Exemptions Guide

Background The purpose of Policy 7.061 SARS-CoV-2 (COVID-19) Vaccination Verification Program is to protect the health and safety of The City University of New York (the "University") community, including its students, faculty, academic appointees, staff, clinical professionals, and others who work, live, or learn in any of the University's locations. **More info**
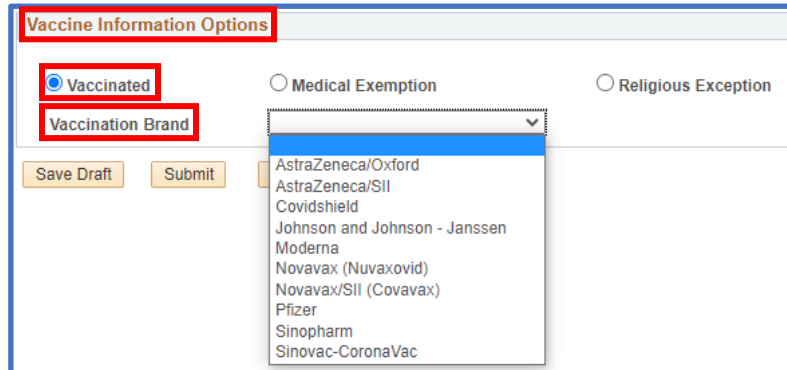
Procedure

Step	Action
1	**Sign into CUNYfirst (https://home.cunyfirst.cuny.edu)**
2	From **⌄ CUNYfirst Home** click on **Vaccination Verification** tile→ 1- If Vaccinated go to **Step 3** 2- For Medical Exemption go to **Step 4** 3- For Religious Exception go to **Step 5**
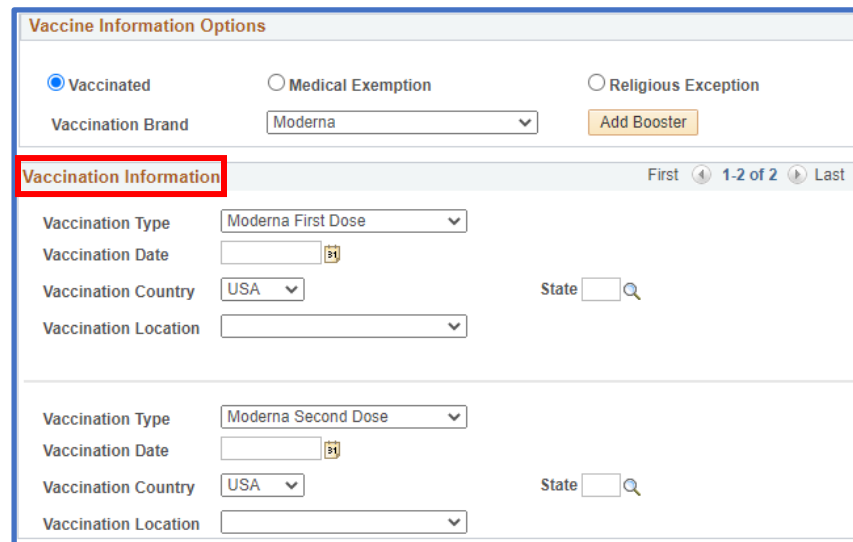
A- Vaccine Information Options: Vaccinated

1- Check the **Vaccinated** radio button if vaccinated and
2- Select your **Vaccination Brand** from the drop down menu:

B- Vaccination Information:

You must provide details on all vaccine doses:

1- Select your vaccine type/dose from the **Vaccination Type** dropdown menu.
2- Use the calendar icon to select the **Vaccination Date** for the vaccine type/dose you selected.
3- Select your **Vaccination Country** and **Vaccination Location** from the dropdown menus.
   (If you selected USA as your **Vaccination Country**, include the **State** where you were vaccinated)

C- NYS Excelsior Pass Information:

If you received your vaccination in New York State and have a valid NYS Excelsior pass:

1- Check the box and fill out your information details exactly as you provided them to the Excelsior App.

> **Note**: **Excelsior information will not be used to update any information in CUNYfirst.**

NYS Excelsior Pass Information

☑ I have a valid NYS Excelsior Pass and consent to the NYS Department of Health's sharing and verifying information with the City University of New York for the purpose of supporting CUNY's policy to protect the health and safety of its employees and students. For more information on NYS Excelsior Pass click here.

If selected, please enter the information you provided in the Excelsior App. This information will only be used for Excelsior verification and will not update CUNYfirst.
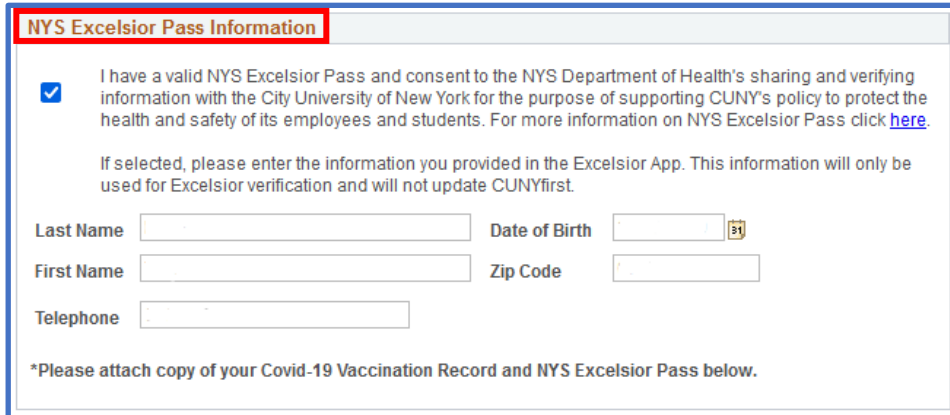
Last Name		Date of Birth
First Name		Zip Code
Telephone		
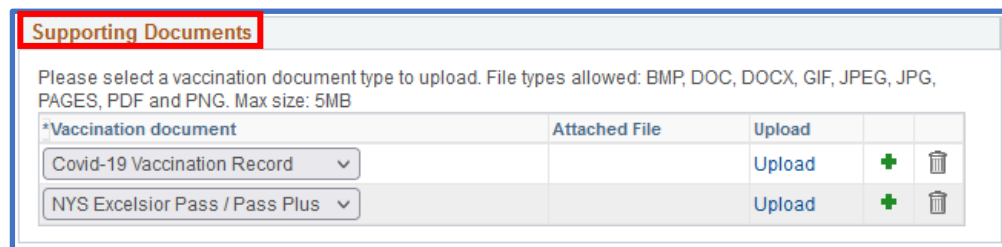
*Please attach copy of your Covid-19 Vaccination Record and NYS Excelsior Pass below.

2- Upload your Vaccination Record and NYS Excelsior Pass (if available) in the **Supporting Documents** section.

  a. Select the **Vaccination document** type from the dropdown menu.

  b. Click the Upload link to upload a document. Click ➕ sign to **add a Row** so you can upload additional documents if needed.
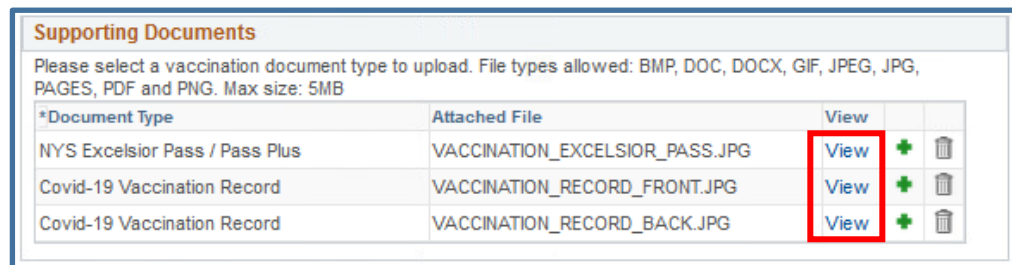
Supporting Documents

Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOCX, GIF, JPEG, JPG, PAGES, PDF and PNG. Max size: 5MB

*Vaccination document	Attached File	Upload		
Covid-19 Vaccination Record ∨		Upload	➕	🗑
NYS Excelsior Pass / Pass Plus ∨		Upload	➕	🗑

  c. Once all your documents are uploaded, you can click the View link to review your attached files before submission.

Supporting Documents

Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOCX, GIF, JPEG, JPG, PAGES, PDF and PNG. Max size: 5MB

*Document Type	Attached File	View		
NYS Excelsior Pass / Pass Plus	VACCINATION_EXCELSIOR_PASS.JPG	View	➕	🗑
Covid-19 Vaccination Record	VACCINATION_RECORD_FRONT.JPG	View	➕	🗑
Covid-19 Vaccination Record	VACCINATION_RECORD_BACK.JPG	View	➕	🗑

D- Attestation:

1- Make sure to check the box and you have read and agreed to the University vaccination policy.

2- Click the **Submit** button.

Attestation

☑ By agreeing to the terms and conditions of the University vaccination policy below, I hereby certify that I am eighteen (18) years of age or older, the SARS-CoV-2 (COVID-19) vaccine information I have provided is, to the best of my knowledge and belief accurate and I further certify that the documentation I have provided / attached / uploaded is a true and correct copy or a facsimile of my original Covid-19 Vaccine Health Record/Document/Form/Letter provided to me at the time I received my vaccine. I acknowledge that I am submitting this information and documentation at the request of The City University of New York (CUNY).

Save Draft   Submit   Return to selection

3- Click **OK** in the confirmation pop-up window.

4- Once submitted, you will see a pop-up message that your information has been successfully submitted. **You will see Approval and Excelsior status fields at the top of the page. You may return to this page to view your approval status at any time.**

Approval Submitted   Excelsior Pending

Vaccine Information Options

⦿ Vaccinated   ○ Medical Exemption   ○ Religious Exception

A- Vaccine Information Options: Medical Exemption

Vaccine Information Options

○ Vaccinated   ⦿ Medical Exemption   ○ Religious Exception

1- Provide your medical exemption reason for declining the vaccination at the **Medical Reason Comment** box.

2- Make sure to read and understand the medical exemption policy below.

Medical Exemption

Medical Reason Comment

1. Students requesting an exemption for medical reasons are required to submit a statement from a doctor or advanced practice nurse explaining the medical reason for this and the period for which the exemption is being requested. Please download Medical Exemption Form and once completed, attach under supporting documentation.
2. **Student who are not vaccinated will be required to test weekly for COVID-19, wear a mask indoors at all times and practice physical distancing.**
3. I understand that The City University of New York has mandated that all students registering for 2021 Fall Term in-person classes must receive a COVID-19 Vaccine.
4. I understand that a COVID-19 vaccination will protect myself, my family, and other persons with whom I may be attending classes or residing in a residence hall.
5. I understand that COVID-19 has been the cause of a national and international pandemic that involves risk to the health and life of individuals.
6. I understand that in the absence of a COVID-19 vaccination, I may acquire the COVID-19 virus that may put my family, colleagues, friends, or persons around me at risk resulting in fatal consequences such as illness, disability, or death when exposed.
7. In light of these matters, I have received information or educational materials with regard to the vaccine against COVID-19.
8. I have had the opportunity to ask questions and the answers were explained to me to my satisfaction.
9. I understand that COVID-19 is a serious respiratory disease that contracting the virus could result in serious illness or death.
10. I understand that if I am not vaccinated and I am exposed to an individual with COVID-19, I may become infected with the virus and I could spread the virus to the people around me.
11. However, it is my decision to decline for **Medical** reasons the vaccination at this time, regardless of the information that I have received about its importance and the risk of not receiving it.
12. I understand the consequences with respect to my access to University Facilities and of my decision, including the continuity of risk of endangering my health and of others from being infected due to COVID-19.

B- Supporting Documents:

Upload your supporting **Medical Exemption** documentation in the **Supporting Documents** section:

a- Click the [Upload] link.

b- Click [+] sign to **add a Row** so you can upload additional documents if needed.

Supporting Documents

Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOCX, GIF, JPEG, JPG, PAGES, PDF and PNG. Max size: 5MB

*Document Type	Attached File	Upload		
Medical Exemption ∨		Upload	+	🗑

c- Once all your documents are uploaded, you can click the [View] link to review your attached files before submission.

C- Attestation:

1. Make sure to check the box and you have read and agreed to the University vaccination policy.
2. Click the **Submit** button.

3. Click **OK** in the confirmation pop-up window.
4. Once submitted, you will see a pop-up message that your information has been successfully submitted**.**

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A- Vaccine Information Options: <u>Religious Exception</u>

1- Provide your religious exception reason for declining the vaccination at the **Religious Reason Comment** box.
2- Make sure to read and understand the religious exception policy below.

Religious Reason Comment

CUNY requires a student's or student's parent(s) or guardian, for those under 18 years of age, to explain the foundation of the genuine and sincerely held religious beliefs which are contrary to the practice of immunization. Philosophical, political, scientific, sociological or other objections to immunization do not justify an exemption under Department of Health regulation 10 NYCCR, Section 66-2.2(e). This regulation allows educational institutions to request additional documents in support of the request for religious exception.

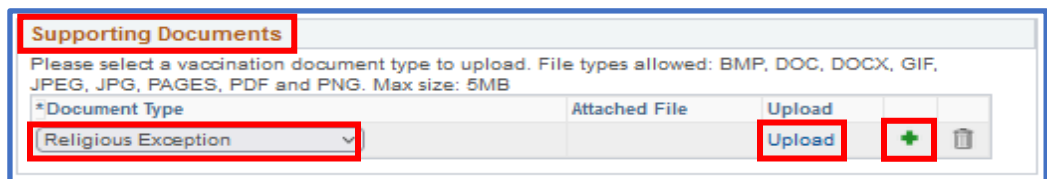The Religious Reason Comment, above, must address all of the following elements:
- Explain, in your own words, why you are requesting this religious exemption.
- Describe the religious principles that guide your objections to immunization.
- Indicate whether you are opposed to all immunization, and if not, the religious basis that prohibits particular immunizations.

1. I understand that The City University of New York has mandated that all students registering for 2021 Fall Term in-person classes must receive a COVID-19 Vaccine.
2. **Student who are not vaccinated will be required to test weekly for COVID-19, wear a mask indoors at all times and practice physical distancing.**
3. I understand that a COVID-19 vaccination will protect myself, my family, and other persons with whom I may be attending classes or residing in a residence hall.
4. I understand that COVID-19 has been the cause of a national and international pandemic that involves risk to the health and life of individuals.
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6. In light of these matters, I have received information or educational materials with regard to the vaccine against COVID-19.
7. I have had the opportunity to ask questions and the answers were explained to me to my satisfaction.
8. I understand that COVID-19 is a serious respiratory disease that contracting the virus could result in serious illness or death.
9. I understand that if I am not vaccinated and I am exposed to an individual with COVID-19, I may become infected with the virus and I could spread the virus to the people around me.
10. However, it is my decision to decline for **Religious** reasons the vaccination at this time, regardless of the information that I have received about its importance and the risk of not receiving it.
11. I understand the consequences with respect to my access to University Facilities and of my decision, including the continuity of risk of endangering my health and of others from being infected due to COVID-19.
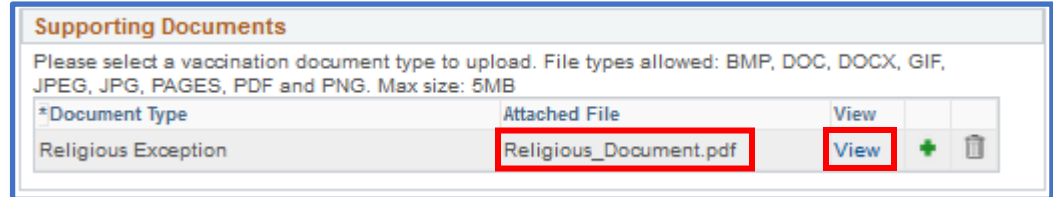
B- Supporting Documents:

Upload your supporting documentation in the **Supporting Documents** section:

a- Click the Upload link.

b- Click + sign to **add a Row** so you can upload additional documents if needed.

Supporting Documents

Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOCX, GIF, JPEG, JPG, PAGES, PDF and PNG. Max size: 5MB

*Document Type	Attached File	Upload		
Religious Exception		Upload	+	🗑

c- Once all your documents are uploaded, you can click the [View] link to review your attached files before submission.
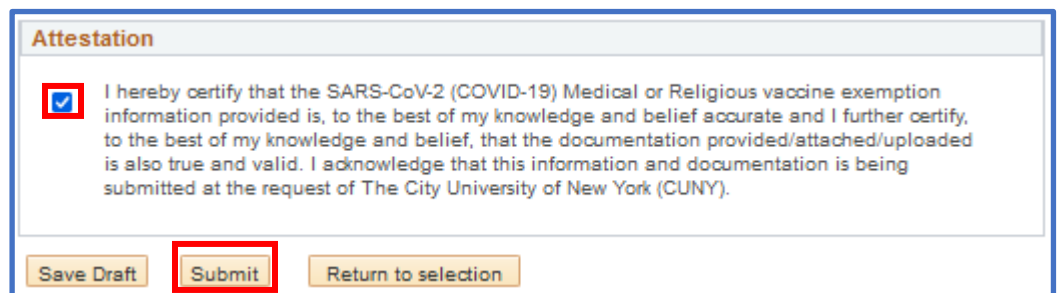
Supporting Documents

Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOCX, GIF, JPEG, JPG, PAGES, PDF and PNG. Max size: 5MB

*Document Type	Attached File	View		
Religious Exception	Religious_Document.pdf	View	✚	🗑

C- Attestation:

1. Make sure to check the box and you have read and agreed to the University vaccination policy.
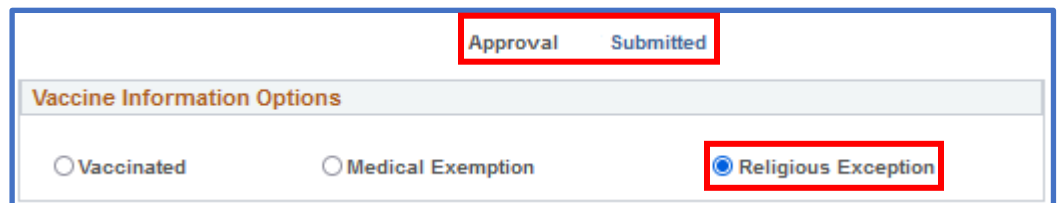2. Click the **Submit** button.

Attestation

☑ I hereby certify that the SARS-CoV-2 (COVID-19) Medical or Religious vaccine exemption information provided is, to the best of my knowledge and belief accurate and I further certify, to the best of my knowledge and belief, that the documentation provided/attached/uploaded is also true and valid. I acknowledge that this information and documentation is being submitted at the request of The City University of New York (CUNY).

[Save Draft] [Submit] [Return to selection]

3. Click **OK** in the confirmation pop-up window.
4. Once submitted, you will see a pop-up message that your information has been successfully submitted**.**

Approval   Submitted

Vaccine Information Options

○ Vaccinated   ○ Medical Exemption   ● Religious Exception