

## 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. <u>More info</u>

## Procedure

Step	Action
1	Sign into CUNYfirst ( <u>https://home.cunyfirst.cuny.edu</u> )
	From CUNYfirst Home click on Vaccination Verification tile
	CUNYfirst Home SARS-CoV-2(COVID-19) Vaccine Verification Program
2	SARS-CoV-2(COVID-19) Vaccine Verification Program Let's End this Pandemic for Good! 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. The University strongly recommends that all members of the community obtain the COVID-19 vaccine as soon as they are eligible. The policy requires all University Students (as hereinafter defined) attending fully in-person or hybrid courses in any University Facilities and Programs to be fully-vaccinated explored to limited Exceptions and Exemptions, beginning before the start of the Fall 2021 term. Students accessing any University facilities will be required to show proof of a negative COVID-19 test. Enforcement of the mandate will be delayed until full the United States Food and Drug Administration (the "FDA") licensure (approval). Those who do not receive a vaccination on campus or provide proof of vaccination by another provider may be subject to additional safety measures. Vaccine Information Options
	O Vaccinated O Medical Exemption O Religious Exception
	Return to selection
	<ol> <li>If Vaccinated go to <u>Step 3</u></li> <li>For Medical Exemption go to <u>Step 4</u></li> <li>For Religious Exception go to <u>Step 5</u></li> </ol>



## 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:**

Vaccinated Vaccination Brand	O Medical Exemptio	on	Religious Exception     Add Booster
Vaccination Informatio	n		First 🕢 1-2 of 2 🕑
Vaccination Type	Moderna First Dose	~	
Vaccination Date	31		
Vaccination Country	USA 🗸		State
Vaccination Location		~	
Vaccination Type	Moderna Second Dose	~	
Vaccination Date	31		
Vaccination Country	USA 🗸		State
Vaccination Location		~	

- 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)

3



Eventsion Ann	us you pi	ovia	
Note: Excelsion information will not be used to under	to any in	form	ation
CUNVFirst	te any in	IOIII	ation
			a i
NYS Excessior Pass Information			1
I have a valid NYS Excelsior Pass and consent to the NYS Department of Health's sh information with the City University of New York for the purpose of supporting CUNY's health and safety of its employees and students. For more information on NYS Excelsion	naring and verif s policy to prote Isior Pass click	fying ect the k <u>here</u> .	
If selected, please enter the information you provided in the Excelsior App. This inform used for Excelsior verification and will not update CUNYfirst.	mation will only	y be	
Last Name Date of Birth			
First Name Zip Code			
Telephone			
*Please attach copy of your Covid-19 Vaccination Record and NYS Excelsior Pass below.			
<ul> <li>Documents section.</li> <li>a. Select the Vaccination document type from the drope</li> <li>b. Click the Upload link to upload a document. Click </li> </ul>	down me sign to	enu. add a	a Row
<ul> <li>Documents section.</li> <li>a. Select the Vaccination document type from the droper b. Click the Upload link to upload a document. Click </li> <li>Upload additional documents if needed.</li> </ul>	down me sign to	add a	a Row
<ul> <li>Documents section.</li> <li>a. Select the Vaccination document type from the drope b. Click the Upload link to upload a document. Click upload additional documents if needed.</li> <li>Supporting Documents</li> <li>Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOC PAGES, PDF and PNG. Max size: 5MB</li> </ul>	down me sign to	add a	a Row
<ul> <li>Documents section.</li> <li>a. Select the Vaccination document type from the droportion b. Click the Upload link to upload a document. Click upload additional documents if needed.</li> <li>Supporting Documents         Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOP PAGES, PDF and PNG. Max size: 5MB         Vaccination document         Attached File         Upload     </li> </ul>	down me sign to	add a	a Row
<ul> <li>Documents section.</li> <li>a. Select the Vaccination document type from the droportion of the droporti</li></ul>	down me sign to	add a s, JPG, •	a Row
<ul> <li>Documents section.</li> <li>a. Select the Vaccination document type from the droportion of the droporti</li></ul>	down me sign to pcx, GIF, JPEC pload pload	enu. add a 3, JPG, • 1	a Row
<ul> <li>22 Optional your vaccination Record and NTS Excession Pass (if Documents section.</li> <li>a. Select the Vaccination document type from the droper b. Click the upload link to upload a document. Click upload additional documents if needed.</li> <li>Supporting Documents Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOPAGES, PDF and PNG. Max size: 5MB Vaccination document Vaccination document (upload). File types allowed: BMP, DOC, DOPAGES, PDF and PNG. Max size: 5MB Vaccination document Vaccination Record  University of the second second</li></ul>	down me sign to ocx, GIF, JPEC pload pload the	add a add a a, JPG, alink	a Row
<ul> <li>Documents section.</li> <li>a. Select the Vaccination document type from the drope</li> <li>b. Click the Upload link to upload a document. Click upload additional documents if needed.</li> </ul> Supporting Documents Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOP PAGES, PDF and PNG. Max size: 5MB Vaccination document Vaccination document of type to upload. File types allowed: BMP, DOC, DOP PAGES, PDF and PNG. Max size: 5MB Vaccination document Vaccination document Vaccination Record view UNYS Excelsior Pass / Pass Plus view c. Once all your documents are uploaded, you can click the attached files before submission.	down me sign to cX, GIF, JPEC pload pload the	enu. add a add a , JPG, a link	a Row
<ul> <li>Documents section.</li> <li>a. Select the Vaccination document type from the drope</li> <li>b. Click the Upload link to upload a document. Click upload additional documents if needed.</li> <li>Supporting Documents</li> <li>Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOP PAGES, PDF and PNG. Max size: 5MB</li> <li>*Vaccination document</li> <li>*Vaccination Record v</li> <li>Uy</li> <li>Covid-19 Vaccination Record v</li> <li>Uy</li> <li>Covid-19 Vaccination Record v</li> <li>Uy</li> <li>Covid-19 Vaccination Record v</li> <li>Uy</li> <li>Supporting Documents</li> <li>Please select a vaccination documents are uploaded, you can click to attached files before submission.</li> </ul>	down me sign to ocx, GIF, JPEC pload pload the View	enu. add a 3, JPG, • 1 Iink	a Row
<ul> <li>Documents section.</li> <li>a. Select the Vaccination document type from the dropo</li> <li>b. Click the Upload link to upload a document. Click upload additional documents if needed.</li> <li>Supporting Documents</li> <li>Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOPAGES, PDF and PNG. Max size: 5MB</li> <li>*Vaccination document</li> <li>*Vaccination Record v</li> <li>Uy</li> <li>NYS Excelsior Pass / Pass Plus v</li> <li>Uy</li> <li>c. Once all your documents are uploaded, you can click to attached files before submission.</li> <li>Supporting Documents</li> <li>Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOPAGES, PDF and PNG. Max size: 5MB</li> </ul>	down me sign to pcx, giF, JPEC pload pload the View	enu. add a a, JPG, alink	a Row
<ul> <li>Documents section.</li> <li>a. Select the Vaccination document type from the dropoding of the section of the</li></ul>	down me sign to sign to pcx, GIF, JPEC pload pload the View View View	enu. add a 3, JPG, • î JIINk	a Row



	<ul> <li>D- Attestation:</li> <li>1- Make sure to check the box and you have read and agreed to the University vaccination policy.</li> <li>2- Click the Submit button.</li> </ul>
	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 <ul> <li>Vaccinated</li> <li>Medical Exemption</li> <li>Religious Exception</li> </ul>
Тор	A- Vaccine Information Options: <u>Medical Exemption</u> Vaccine Information Options
4	<ol> <li>Provide your medical exemption reason for declining the vaccination at the Medical Reason Comment box.</li> <li>Make sure to read and understand the medical exemption policy below.</li> </ol>



	Medical Exemption
	Medical
	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 <u>Medical Exemption Form</u> 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 Lunderstand 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.
	<ol> <li>I understand that a COVID-19 vaccination will protect myself, my family, and other persons with where I may be attending allower as assiding in a satisfactory ball.</li> </ol>
	<ol> <li>I understand that COVID-19 has been the cause of a national and international pandemic that</li> </ol>
	involves risk to the health and life of individuals.
	6. Funderstand 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.
	<ol><li>In light of these matters, I have received information or educational materials with regard to the vaccine against COVID-19.</li></ol>
	8. I have had the opportunity to ask questions and the answers were explained to me to my
	satisfaction. 9 Lunderstand 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 view and Leguld served the view 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.
i	
	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 unleaded 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
	Medical Exemption Medical_Exempt_Documents.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 <b>Submit</b> button.
	Attestation
	Liberaby contify that the SARS CoV/2 (COV/ID 19) Medical or Policious vaccine examption
	Interest dentry that the SARS-COV2 (COVID-13) Medical of Religious vacance 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.
	is also true and valid. I adknowledge that this information and documentation is being
	submitted at the request of The City University of New York (CUNY).
	Save Dratt Submit Return to selection
	3. Click <b>OK</b> in the commation pop-up window.
	successfully submitted.
	Approval Submitted
	Vaccine Information Options
	Vaccinated     Medical Exemption     Religious Exception
Тор	A- Vaccine Information Options: <u>Religious Exception</u>
	Vaccine Information Options
	Vaccinated Owedical Exemption
5	
	1- Provide your religious exception reason for declining the vaccination at the <b>Religious</b>
	Reason Comment box.
	2- Make sure to read and understand the religious exception policy below.
	2- wake sure to read and understand the religious exception policy below.
1	



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.
<ol> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>In light of these matters, I have received information or educational materials with regard to the vaccine against COVID-19.</li> <li>I have had the opportunity to ask questions and the answers were explained to me to my satisfaction.</li> <li>I understand that COVID-19 is a serious respiratory disease that contracting the virus could result in serious illness or death.</li> <li>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.</li> <li>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.</li> <li>I understand that COVID-19.</li> </ol>
<ul> <li>B- Supporting Documents: Upload your supporting documentation in the Supporting Documents section:</li> <li>a- Click the Upload link.</li> <li>b- Click sign to add a Row so you can upload additional documents if needed</li> </ul>
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 rev 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 <b>Submit</b> button.
	<ul> <li>Interest certary that the Skito-Cost 2 (cost b-row method of reargoods vacuate 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).</li> <li>Save Draft Submit Return to selection</li> </ul>
3. 4.	Click <b>OK</b> in the confirmation pop-up window. Once submitted, you will see a pop-up message that your information has bee successfully submitted.
	Approval Submitted
	Vaccine Information Options