

# Request for Medical Exemption to Immunization Form

## Student Information

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|--------------|-------------|---------|
| Last:        | First:      | Middle: |
| Student ID#: | Birth date: |         |
| Address:     |             |         |
| Cell phone:  | Home phone: |         |
| Email:       |             |         |

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New York State Public Health Law and University policy requires that all students document immunity to measles, mumps, rubella, and COVID-19.

- To be granted a medical exemption, if a licensed physician, licensed nurse practitioner, or licensed midwife (caring for a pregnant student) certifies in writing that such vaccination may be detrimental to the student's health or is otherwise medically contraindicated.
- The letter must indicate that the vaccine may be detrimental, including a detailed explanation of the valid medical basis for such determination, and the length of time for which it may be detrimental.
- Should be based on the most recent guidelines of the Centers for Disease Control and Prevention and its Advisory Committee on Immunization Practices. Information from the CDC regarding medical contraindications and precautions for the COVID-19 vaccine can be found here: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Contraindications>
- A medical exemption be granted on a temporary basis up to the point when the condition supporting an exemption is expected to resolve unless the exemption is related to a permanent condition.

Please note that submitting the request for a medical exemption does not guarantee approval. Please contact the FIT Health Services to learn if your request has been granted. At any time, the college reserves the right to request additional supporting documentation. If approved, the exemption will remain in effect for one year.

Due to my medical condition, I am refusing to be immunized for:

- Measles, Mumps and Rubella
- COVID-19

I understand that due to my medical condition, I may be susceptible to infection. I have been given the opportunity to be vaccinated with MMR or COVID-19 vaccine free of charge at FIT Health Services; however, I decline the following vaccines at this time:

- Measles, Mumps and Rubella
- COVID-19

I understand by declining this vaccine, I still continue to be at risk of acquiring and spreading Measles, Mumps, Rubella, and/or COVID-19. Because of this risk and my refusal to be immunized, I understand that if there is an outbreak of any of these diseases on the FIT campus and I have no immunity, I will be required to leave the campus until such outbreak has passed and it is judged safe for me to return. I understand and agree that by completing this exemption form and signing below, I will be personally responsible for the costs of any treatment, whether inside or outside the USA. I will not hold Fashion Institute of Technology, the State University of New York, or the State of New York liable for payment in full, or for any portion of my medical bills, or other costs related to being asked to leave campus. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other school fees.

By declining the COVID-19 vaccine, I understand that I will need to comply with additional COVID-19 testing requirements and safety precautions set forth by FIT to protect myself and the FIT community. If I were to test positive or be exposed to COVID-19, I agree to notify FIT immediately and follow the isolation or quarantine protocols for COVID-19.

**CONTINUE TO PAGE 2 AND SIGN**



Student's Signature:

Date:

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**If student is a minor, parent/guardian must sign:**

Parent/Guardian's Signature:

Date:

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Parent/Guardian's Phone:

Parent/Guardian's Email:

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