

State University of New York
UPSTATE MEDICAL UNIVERSITY

COVID-19 Remote/Online Attestation & Vaccine
Exemption Request Form

This form is required for students requesting exemption from the COVID-19 vaccination requirement due to their status as fully remote or fully online students. It should be submitted via the Student Health Portal or via email. The student requesting the exemption must attest to the following:

1. I am the person named below who attends Upstate Medical University.
2. I understand that all Upstate Medical University students who access campus facilities in person are to be fully vaccinated, with limited exceptions.
3. My signature below indicates that I am requesting an exemption from this requirement beginning on the date this form is signed, and that I attest I will not have a physical presence at any Upstate Medical University owned facilities, including for the purpose of using on-campus services, for the duration of the 2021 fall semester.
4. Furthermore, I attest that if I must have an in-person presence at any Upstate Medical University owned facility after signing this form, that I will submit proof of COVID-19 vaccination to Student Health.
5. I have read and understand the foregoing statement and sign it with full knowledge of its meaning and content.

Printed Name: _____

Signature: _____

Program of Study: _____

Date: _____