

# Request and Certification: Medical Exemption from COVID-19 Vaccine Requirement

**NEW YORK INSTITUTE  
OF TECHNOLOGY**

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Name

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Title and Department

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Email: Phone

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## INSTRUCTIONS

### For consideration of a medical exemption, employees must submit:

1. This signed Request and Certification form (without changes); and
2. A written document, dated not more than 6 months previously, signed and certified by a licensed healthcare provider, who is not related to the employee and whose specialty is appropriate to the associated condition, in accordance with the following:
  - a. The healthcare provider must state which vaccine(s) 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.
  - b. The statement should be based on the most recent guidelines of the Centers for Disease Control and Prevention and its Advisory Committee on Immunization Practices.
  - c. The document should include the healthcare provider's area of specialty, signature, medical license number, address and telephone number.

Medical exemptions will be granted on a temporary basis up to the point when the condition supporting an exemption is expected to resolve or expire; if related to a permanent condition, continuous exemption will be issued accordingly. The assigned expiration is at the sole determination of New York Institute of Technology.

New York Institute of Technology reserves the right to request additional information or supporting documentation and to withdraw approval for the exemption at any time.

In the event that it is determined that the employee has valid grounds for an exemption, New York Institute of Technology will engage in an interactive process with the employee and the employee's supervisor to determine whether a reasonable accommodation can be made which does not pose an undue hardship on the institution or pose a direct threat to the health or safety of others.

### By signing and submitting this form, you are:

- Acknowledging your understanding of the risks of non-vaccination and that you have been informed of the value of immunization (including the CDC COVID-19 vaccine information) and knowingly and voluntarily decline to have such immunization;
- Accepting full responsibility for your health, and holding New York Institute of Technology harmless with respect to your requested exemption from the required vaccination;
- Acknowledging and agreeing that if exempted you may be subject to additional preventive measures such as screening, testing, social distancing, quarantining, isolation, mask wearing and other health and safety protocols by virtue of your unvaccinated status that may not apply to vaccinated individuals and that this treatment is based solely on your unvaccinated status;
- Acknowledging and agreeing that if exempted, then solely due to your unvaccinated status, you may be excluded from certain campus activities;
- Acknowledging that for your own safety and the safety of the campus community, you may be removed from campus if the COVID-19 infection rate reaches a critical threshold as determined by the New York Institute of Technology Chief Medical Officer or public health authorities, and
- Certifying that the information and supplemental documents that you have submitted in connection with this exemption request are accurate and complete.

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**Employee**

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Printed Name:

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Signature:

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Date: MM/DD/YYYY

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