

**EMPLOYEE MEDICAL EXEMPTION (ATTESTATION FORM)**  
**MANHATTAN COLLEGE'S REQUIRED PROOF OF COVID-19 VACCINATION**

I, \_\_\_\_\_, am a Manhattan College employee. I understand that Manhattan College requires that all employees must demonstrate proof of full COVID-19 vaccination, which includes a full series of vaccines and a booster shot by **June 15, 2022**. I hereby request an exemption from Manhattan College's proof of full COVID-19 vaccination requirement based upon the following reason:

**Medical Condition**

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*I understand that any employee seeking or renewing a medical exemption to the proof of full COVID-19 vaccination must provide Manhattan College with a certification from a licensed physician or nurse practitioner (see attached form) that such immunization may be detrimental to the employee's health or is otherwise medically contraindicated. Any employee seeking this exemption is advised that Manhattan College may perform further investigation as needed to determine whether the medical exemption should apply to them and agree to provide additional medical information to Manhattan College as needed.*

*I understand that if after such exemption is granted, if the COVID-19 vaccination immunization is found to be or is no longer detrimental to the employee's health or is no longer medically contraindicated, this exemption will no longer apply and the employee must comply with Manhattan College's proof of full COVID-19 vaccination. Any employee who is granted this exemption has a continuing obligation to inform Manhattan College of any changes which result in it no longer being applicable to them.*

*I understand that while Manhattan College will take reasonable measures to mitigate the spread of COVID-19 among its employees and students, the College cannot protect any individual employee from all risks associated with contracting the virus. I have received information regarding the benefits and risks of immunizations. I understand that choosing to forego vaccination puts me at risk for getting the disease with the associated risk of long-term medical problems or death. In order to minimize risk of viral spread, I understand that I may be required to undergo regular screening tests for COVID-19.*

*I agree to follow any College COVID-19 prevention program that may be in effect during the semester, including: testing, mask wearing, quarantine, and completing the Daily Symptom Tracker when on campus. I further understand that if testing is a requirement, the College will not be responsible for any testing costs.*

*With a full understanding of this information, I request to be exempted from Manhattan College's COVID-19 vaccination requirement, and I accept the potential consequences associated with this decision.*

DATE: \_\_\_\_\_ Employee Signature: \_\_\_\_\_