STUDENT BOOSTER MEDICAL EXEMPTION (ATTESTATION FORM)
MANHATTAN COLLEGE’S REQUIRED PROOF OF COVID-19 VACCINATION

I, _______________________________________, am a Manhattan College student. I understand that Manhattan College requires that all students attending Manhattan College must demonstrate proof of full COVID-19 vaccination, which includes a full series of vaccines and a booster shot by June 15, 2022 (Summer) and August 1, 2022 (Fall/Spring). I hereby request an exemption from Manhattan College’s proof of full COVID-19 vaccination requirement based upon the following reason:

Medical Condition

Exemptions to booster doses will be considered if you had a severe allergic reaction after a previous dose of the COVID-19 vaccine or if you have a known (diagnosed) allergy. If a physician or nurse practitioner instructed you not to get one type of COVID-19 vaccine, you may still be able to get another type of COVID-19 vaccine.

I understand that any student 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 additional immunization may be detrimental to the student’s health or is otherwise medically contraindicated. Any student 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 additional vaccination is found to be or is no longer detrimental to the student’s health or is no longer medically contraindicated, this exemption will no longer apply and the student must comply with Manhattan College’s proof of full COVID-19 vaccination. Any student 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 the College will aim to provide a reasonable academic accommodation for any absences due to COVID-19 disease, however, the College will not be responsible for any costs or expenses due to missed classes or exclusion from housing or campus resources during any period of communicability. I further understand that, by requesting an exemption, I agree to release Manhattan College from any cost or liability associated with any COVID-19 related illness or injury and I will not be entitled to a refund of any costs incurred during any quarantine periods on- or off-campus.

I agree to follow any College COVID-19 prevention program that may be in effect for those not up to date with a booster dose 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.

DATE: ________ Student Signature: ____________________________________________

DATE: ________ Parent/Guardian Signature (if student is under 18): ________________________