STUDENT 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

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 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 vaccination immunization 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 in the event of an outbreak of vaccine preventable disease, all susceptible students may be excluded from school settings based on public health officials’ determination that the school is a significant site for disease exposure, transmission and spread into the community. Students without proof of immunity, including those with medical exemptions shall be excluded from these settings for this reason and will not be able to return until (1) the danger of the outbreak has passed as determined by public health officials, (2) the student becomes ill with COVID and is no longer contagious, or (3) the student is immunized.

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 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):_______________________________