

**Farmingdale State College**  
**COVID-19 Vaccination Medical Exemption Request Form**

Name: \_\_\_\_\_ Ram ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
College Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Farmingdale State College requires that all of its students receive a COVID-19 vaccination.

A medical exemption may be granted upon receipt of documentation signed and certified by a licensed physician, physicians' assistant, nurse practitioner, or licensed midwife (caring for a pregnant woman), whose training is appropriate to the associated condition. The practitioner must not be related to the individual seeking exemption. Medical exemptions expire when the medical condition(s) contraindicating COVID-19 immunization changes in a manner which permits immunization.

**Attention Health Care Provider:**

Patient Name: \_\_\_\_\_ is requesting a medical exemption from SUNY's vaccination requirement. A medical exemption may be allowed if a duly licensed health care provider certifies in writing that the COVID-19 vaccination may be detrimental to the student's health.

Please certify the medical reason that your patient should not be immunized for COVID-19 by providing written documentation.

**Farmingdale State College STUDENT Certification**  
*Please check each box to acknowledge - as appropriate*

While my request is pending, I understand that I must comply with the College's COVID-19 related health and safety protocols (e.g., masks/face coverings, social distancing, regular surveillance testing) applicable to unvaccinated or partially vaccinated individuals as a condition of my physical presence at the College.

I must confirm with the academic program that not receiving the COVID-19 vaccination will not prevent the completion of the student's programmatic or curricular requirements.

If my request is granted, I understand that I will be required to comply with the College's COVID-19 related health and safety protocols (e.g., mask/face coverings, social distancing, regular surveillance testing) when present at the College.

I am aware that should a COVID-19 outbreak occur at the College that I may be excluded from all in- person classes and activities and that if I am enrolled in courses that require a physical presence on campus that I may not be able to complete my academic coursework remotely. I acknowledge that any refund I might be entitled to in the case of a COVID-19 outbreak would be subject to all existing SUNY policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Parent or Legal Guardian must also sign if the student is under 18 years old as of the first day of class.\**

Please email your completed documents using your FSC provided email account to covidexemption@farmingdale.edu

**Exemption requests must be submitted by August 30, 2021.**