



Students who would like to apply for a medical or religious exemption should complete the immunization exemption form on the next page and submit with accompanying documentation to studentaffairs@vaughn.edu. Review of exemption requests will take approximately 3-5 business days so please submit your request with adequate time for review. In anticipation of the first day of classes, we are encouraging all students with requests pending to receive a COVID test no later than Tuesday, August 31.

An approved vaccine exemption for either medical or religious reasons possibly subjects you to exclusion from campus and/or campus related activities for which immunization is required without exception. This may include but is not limited to indoor dining, athletic participation, fitness center usage, conference attendance, internships, volunteer opportunities and campus services & programs that fall under the [Key to NYC](#) plan. Any student with an approved vaccine exemption will be required to participate in weekly testing for the duration of the semester.

Questions regarding this process should be directed to studentaffairs@vaughn.edu.



Exemption to Immunization Requirements for Students

A person who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. This person may be subject to exclusion from college, group facilities or other programs, if the local and/or state public health authority advises exclusion as a disease control measure.

I understand the risks associated with not receiving the vaccines checked below.

In order to obtain exemption from some or all vaccination requirements you must provide a written statement indicating the medical contraindication or religious objection to the vaccination(s).

Student's Name: _____ Date of Birth: _____

Cell Phone: # _____ Sonis ID #: _____

Exempt Immunization/Testing (check all that apply):

Measles _____ Mumps _____ Rubella _____ Meningitis _____ COVID-19 _____

Statement of Exemption to Immunization Law: Religious Exemption (Please attach a statement that describes your sincerely held religious belief which prevents you from receiving a vaccination and supporting documentation as appropriate and available.)

Statement of Exemption to Immunization Law: Medical Exemption (Please attach statement with documentation from physician or nurse practitioner that details the medical contraindication or diagnosis which prevents you from receiving a vaccination. The documentation must include the medical provider's name, address, phone, license #, and signature.)

Please note: Each case will be considered individually. Based on the student's statement and documentation, the Division of Student Affairs may follow up with additional questions and may review all medical records on file with the College in evaluating requests.

I understand that my vaccine exemption for either medical or religious reasons subjects me to exclusion from campus and/or campus related activities for which immunization is required. I further understand that while the College will aim to academically accommodate any absences from campus due to communicable disease, the College will not be responsible for any costs associated with missed classes or exclusion from housing during the period of communicability and that no refund of such costs will be made, including periods of quarantine that students choose to complete off-campus. I further understand that, by requesting an exemption to one of the vaccines included on this form, I agree to release Vaughn College from any costs or liability associated with any illness, injury, or costs I may incur due to vaccine-preventable disease in association with any College program or activity.

Signed _____ Date _____

(Parent/Guardian if the student is a minor)