

Request for Temporary Medical Accommodation *Records & Registration*

Student's First Name _____ MI ____ Last Name _____

SS# or College ID# _____ DOB _____

Student's Program of Study _____ Concentration/Track _____

Students who are not yet fully vaccinated, but who have started a course of vaccinations, and international students who received a COVID-19 vaccine not authorized or approved by the FDA or the WHO may use this form to apply for a temporary medical accommodation to allow them time to become fully vaccinated. Students who have a temporary medical condition that prevents them from becoming vaccinated at this time should complete the Request for Medical Exemption form with their Licensed Medical Provider, attesting to the medical condition and its expected end date.

To request a medical accommodation from the SUNY COVID-19 Vaccination requirement, please complete this form and submit it to healthrec@sunyrockland.edu. Notification of the College's decision will be provided via your myRCC email account.

Part I. Student Acknowledgements

Please check each box to acknowledge:

While my request is pending, I understand that I must comply with Rockland Community College's COVID-19 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 on any of the RCC campuses.

I certify that I have confirmed with my academic program that not receiving the COVID-19 Vaccination will not prevent the completion of my programmatic or curricular requirements.

If my request is granted, I understand that I will be required to comply with Rockland Community College's COVID-19 health and safety protocols (e.g., mask/face coverings, social distancing, regular surveillance testing) as a condition of my on-going physical presence on any of the RCC campuses. I am aware that should a COVID-19 outbreak occur at the campus 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 and RCC policies.

I certify that my statements above, and all supporting documentation, are true and accurate, and that the receipt of the COVID-19 vaccination may be detrimental to my health.

Student Signature*: _____ Date: _____

**For students under 18 years old as of the first day of classes, a parent or Legal Guardian must sign.*

Please note that Rockland Community College reserves the right to request additional documentation to support a request for a medical accommodation.

Student's First Name _____ MI ____ Last Name _____

Part II. Reason for the Accommodation Request

I have started the course of vaccinations for the _____ (e.g. COVID-19, MMR, or meningitis) vaccine and I am scheduled to complete that course on _____. I understand that to support this request I must submit a copy of my current vaccination card or other immunization documentation that reflects I have started the vaccination process. In addition, I will provide evidence to RCC that I have been fully vaccinated once the scheduled course of vaccines is completed.

I received a course of vaccinations not approved by the FDA or WHO and I am scheduled to complete an approved course of vaccinations by _____. I understand that to support this request I must submit a copy of my scheduled first dose type and date. In addition, I will provide evidence to RCC that I have been fully vaccinated once the scheduled course of vaccines is completed.

Note: If you are medically unable to start a new course of vaccines, please complete the Request for Medical Exemption form and have a Licensed Medical Provider attest to this condition.

Student Signature*: _____ Date: _____

**For students under 18 years old as of the first day of classes, a parent or Legal Guardian must sign.*