



POLICY ON MANDATORY STUDENT COVID-19 VACCINATION

Dated: June 11, 2021

Supersedes: N/A

PURPOSE:

It is the purpose of this policy to define the New York Medical College and Touro College of Dental Medicine ("College") student protocol for COVID-19 vaccination, and repercussions in the event of non-compliance during the COVID-19 pandemic.

I. POLICY:

It is the policy of the College that all students attending New York Medical College and the Touro College of Dental Medicine for any in-person education or in-person use of college services must be fully vaccinated against SARS-CoV-2 unless the student has been granted an exemption for vaccination.

II. DEFINITIONS:

- A. Fully Vaccinated: 2 or more weeks after the second dose of a COVID-19 vaccine that is a two dose vaccine, or 2 weeks after a COVID-19 vaccine that is a single dose vaccine. The vaccine must be a COVID-19 vaccine that is approved for use by the US Food and Drug Administration or the World Health Organization.

III. BACKGROUND

- A. COVID-19 vaccination is highly efficacious in preventing symptomatic COVID-19 infection and is very safe.
- B. A single case of SARS-CoV-2 infection at the College has broad ramifications for the infected individual who must isolate for 10 days post infection, and for any roommates and contacts of the infected person who may be required to quarantine, and thus miss academic and clinical activities.
- C. As a college training health care professionals, the College has an obligation to ensure that students do not pose a risk of infection to their patients, in addition to the College community at large.
- D. COVID-19 vaccines are widely and easily available in Westchester County and throughout New York State.
- E. The only absolute contra-indication to COVID-19 vaccination is an immediate systemic allergic reaction (anaphylaxis) to a mRNA vaccine or component in the vaccine. In the case of an anaphylaxis to a vaccine component, an alternate vaccine may often be used.

- F. Certain precautions may be necessary in relation to particular vaccines and persons; e.g. women under the age of 50 are advised to not receive the Janssen vaccine.
- G. Concerns about contra-indications or precautions may be discussed with a health care provider at Health Services.

IV. PROCEDURES

- A. All students attending the College for in-person instruction or for in-person access to any College facilities are required to provide proof of vaccination, intent to be fully vaccinated, or a request for exemption by the following deadlines:
 - 1. July 1, 2021 for all students enrolled during the 2020-2021 academic year (current students).
 - 2. August 1, 2021 for all other students (new students).
 - 3. New or transfer students registering at the College after August 1, 2021 must provide information as soon as possible after registration and may not arrive on campus until their documentation is processed by the Health Services office.
- B. Proof of vaccination, intent to be fully vaccinated, or a request for exemption must be provided as a PDF document sent to Health_Services@nymc.edu.
 - 1. Proof of vaccination is a completed CDC vaccination card or a medical document specifying receipt of vaccination with vaccine manufacturer, date of vaccination and lot number.
 - 2. Students who have only received a single dose of a two dose vaccine by the deadline should submit proof of their first dose and the date of their scheduled second dose.
 - 3. Students who have not received any doses of the COVID-19 vaccine by the deadline but intend to be fully-vaccinated prior to arriving on campus should email Health_Services@nymc.edu explaining their intended vaccination arrangements. Note: Effective September 1, 2021, students may not access campus unless they are fully-vaccinated or have an approved exemption.
- C. Students requesting an exemption from the COVID-19 vaccine requirement are to proceed as follows:
 - 1. Complete the applicable request for exemption form with all the required documentation. See Appendix A to this policy. The request forms are available at the NYMC Health Services website under the tab COVID-19 Update. <https://www.nymc.edu/current-students/student-life/health-wellness--support/health/health-services/covid-19-update/>
 - 2. Submit the completed exemption request form with all required documentation to Health_Services@nymc.edu.
 - 3. All exemption requests will be reviewed by an interdisciplinary panel with representation from each school and from Health Services. Requests will be presented to the panel individually for exemption decision, without identification of the person making the request. The panel will make the exemption decision. Students will be contacted if additional information is required to process the request.

4. Students will be notified of the exemption request determination by return email from Health_Services@nymc.edu
 5. In the event an exemption request is denied, students will be provided an appropriate deadline to become fully-vaccinated.
 6. If the exemption request is denied and the student chooses to decline vaccination while pursuing in-person education or in-person use of the college facilities, the student will be placed on an administrative leave of absence until either 1) the vaccination requirement is rescinded or 2) the student provides proof of vaccination.
 7. Approved exemptions are subject to revision based on changing circumstances.
 8. Students with approved exemptions may be subject to certain health and safety requirements or accommodations while on campus that are not applicable to vaccinated individuals.
- D. Effective September 1, 2021, students may not access campus unless they are fully-vaccinated or have an approved exemption.

V. POLICY MANAGEMENT:

Responsible Executive: Chief Legal Counsel
Responsible Office: NYMC Health Services

Request for Medical COVID-19 Immunization Exemption Form

Name: _____

TNUMBER: _____ School/Department: _____

College Email: _____ Phone: _____

All students attending New York Medical College or the Touro College of Dental Medicine for in-person instruction or for in-person access to any College facilities are required to be Fully Vaccinated for COVID-19. **A medical exemption may be granted upon receipt of a completed form (below) not more than 6 months old, signed and certified by a licensed healthcare provider, not related to the submitter, and whose specialty is appropriate to the associated condition.**

Medical exemptions expire when the medical condition(s) contraindicating COVID-19 immunization changes in a manner which permits immunization or upon graduation, as determined by the College in reviewing the request. The assigned expiration is at the sole determination of the College.

Individuals with an approved exemption may be required to comply with additional testing and other preventive requirements. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

An interdisciplinary panel with representation from each school and from Health Services will carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. If the approved exemption contains an expiration, you will be expected to complete the requirement at that time. Should the condition continue, or a new immunization contraindication occur, a new request with updated documentation is required. Requests will be presented to the panel individually for exemption decision, without identification of the person making the request. The decisions of the committee are final and not subject to appeal. Individuals whose requests have been denied are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- **Read the CDC COVID-19 Vaccine Information at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>;**
- **Complete the following page of this form;**
- **Have your provider complete the provider section of this form;**
- **Attach all supplemental materials; and**
- **Submit the completed exemption request form with all required documentation to Health_Services@nymc.edu.**

Note: incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time

Appendix A – Exemption Request Forms

Initial next to each of the statements below:

	I request exemption from the COVID-19 immunization requirements due to my current medical condition. I understand and assume the risks of non-immunization. I accept full responsibility for my health, thus removing liability from New York Medical College to the required immunization.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from College facilities and approved activities (including but not limited to College-owned housing). I agree to comply with these restrictions and accept responsibility for communicating with supervisors, human resources, faculty, and advisors as appropriate to my College affiliation.
	Should I contract COVID-19, I will <u>immediately</u> report it to Health_Services@nymc.edu and comply with all isolation and quarantine procedures specified by the College and remove myself from the College community if so advised.
	I acknowledge that I have read the <u>CDC COVID-19 Vaccine Information at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html</u> .
	I understand that this exemption will expire when the medical condition(s) contraindicating immunization changes in a manner which permits immunization, as determined by the College in reviewing the request.
	I understand and agree to comply with and abide by all New York Medical College policies and procedures.
	I understand that this exception is only valid for the approved period and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption.
	I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to College disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

TNUMBER: _____ School Email: _____

Phone number: _____

By checking this box and typing my name above, I am electronically signing this form.

Appendix A – Exemption Request Forms

Date: _____

Attention Health Care Provider:

New York Medical College/Touro College of Dental Medicine policy requires that all students receive a COVID-19 vaccination. _____ (insert patient's name) is requesting a medical exemption from this vaccination requirement. A medical exemption may be allowed for certain recognized contraindications.

Please certify below the medical reason that your patient should not be immunized for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed by a confidential committee in consideration of the exemption request.

Option 1 - Allergy

___ A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component. Please indicate which of the following vaccines are contraindicated and name the components, by vaccine.

•Moderna - List the component(s): _____

•Pfizer - List the component(s): _____

•Janssen/Johnson&Johnson - List the component(s): _____

___ A documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine
Please indicate to which vaccine the patient had a reaction and the date of the vaccine & reaction

•Moderna - Date of Vaccine & Reaction: _____

•Pfizer - Date of Vaccine & Reaction: _____

•Janssen/Johnson&Johnson - Date of Vaccine & Reaction: _____

Option 2 – Physical Condition/Medical Circumstance

___ The physical condition of the patient or medical circumstances relating to the individual are such that immunization is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Explanation: (attached additional pages if necessary)

Option 3 - Other

___ Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability in detail that you opine would exempt this individual from vaccination:

Explanation: (attached additional pages if necessary)

Certification

I certify that _____ (patient name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at New York Medical College.

Duration of this medical exemption: _____

Provider Information

Medical Provider Name: _____

Medical Provider Specialty: _____

Signature: _____

Provider License Number: _____

Date: _____

Name of Provider Company: _____

Address: _____

Email: _____

Phone number: _____

Patient Information

Patient Name: _____

Date: _____

TNUMBER : _____ NYMC email: _____

Phone number: _____

Request for COVID-19 Vaccination Religious Exemption

Last Name	First Name
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Date of Birth	Touro ID Number
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Note that objections to vaccination may not be based solely on grounds of personal philosophy, preference or inconvenience.

On a separate sheet of paper, please provide the following:

- 1. Please identify your sincerely held religious belief, practice or observance that is the basis for your request for religious accommodation and how long you have held this.**
- 2. Please explain how your sincerely held religious belief, practice, or observance conflicts with the College’s COVID-19 vaccine mandate.**
- 3. Please describe how your sincerely held religious belief, practice, or observance has affected your receipt of other vaccines, including the measles, mumps, rubella vaccine, which is required for post-secondary school attendance in most states.**
- 4. In some cases, the College will need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s) or may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exemption. If requested, can you provide documentation to support your belief(s) and need for an accommodation? ___ Yes ___ No If no, please explain why.**

I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace, school environment, housing facilities and/or to me, or if it creates an undue hardship on the College.

Student Signature	Date
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Return this request form, answers to the questions, the completed “Affidavit of Religious Objection to COVID-19 Vaccination”, and any other supporting information you would like to submit, all as a PDF document to Health_Services@nymc.edu

AFFIDAVIT OF RELIGIOUS OBJECTION TO COVID-19 VACCINATION

The undersigned student personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I, the undersigned, certify that I am over eighteen (18) years of age and competent to make this affidavit.
2. I understand that New York Medical College and the Touro College of Dental Medicine (the "College") requires all students to be vaccinated and provide documented proof of vaccination against COVID-19 before being allowed to routinely appear on campus for the Fall 2021 academic semester.
3. I understand that the College has determined:
 - a. that the required vaccination is necessary to prevent the spread of COVID-19 among students of the College;
 - b. that data evaluated by the U.S. Food and Drug Administration (FDA) as of the date of this affidavit has shown that the required vaccinations are at least 85% effective in preventing the spread of COVID-19 and have therefore been given emergency use authorization by the FDA;
 - c. that a student who does not receive the required vaccination is at increased risk of contracting COVID-19 while on campus; and
 - d. that a student who does not receive the required vaccination is at risk of spreading COVID-19 to me, to other students, and to other persons.
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to this vaccination are **not** based solely on grounds of personal philosophy, preference or inconvenience.
5. I understand and accept that, notwithstanding my religious objections, I may be excluded from on-campus facilities, including student housing facilities during an epidemic, pandemic or threatened epidemic or pandemic of any disease preventable by a vaccination required by the College, and that I may still be required to later receive the vaccination if required by New York State.

I certify that the foregoing is true and correct.

This ____ day of _____, 2021.

Student Signature

Touro ID# _____

State of

County of

Subscribed and Sworn to before me this ____ day of _____ 2021

by; _____
Name of Student

Notary Signature