

Vaccination Verification for CUNY Students

1. Log into CUNYfirst and click on Vaccination Verification link in the CUNYfirst Menu.

CUNYfirst						
Colle Stat	ege of en Isl	and Jew York				
PERSONALIZE	CONTENT	LAYOUT	Tue, Jan 4, 22	2:14 PM	0 07	CORONAVIRUS UPDATES
	lanag <u>ement</u> lin lement es n					New health and safety guidance for Winter and

2. On the **Vaccination Verification** page you will see three options.

Favorites Main Menu Vaccination Verification
CUNY Student
SARS-CoV-2(COVID-19) Vaccine Verification Program
Let's End this Pandemic for Good!
The purpose of Policy 7.061 SARS-CoV-2 (COVID-19) Vaccination Verification Program is to protect the health and safety of The City University of New York (the "University") community, including its students, faculty, academic appointees, staff, clinical professionals, students, and others who work, live, or learn in any of the University's locations. The University strongly recommends that all members of the community obtain the COVID-19 vaccine as soon as they are eligible. The policy requires all University Students (as hereinafter defined) attending fully in-person or hybrid courses in any University Facilities and Programs to be fully-vaccinated, subject to limited Exceptions and Exemptions, beginning before the start of the Fall 2021 term. Students accessing any University facilities will be required to show proof of a negative COVID-19 test. Enforcement of the mandate will be delayed until full the United States Food and Drug Administration (the "FDA") licensure (approval) and widespread availability of at least one vaccine. Those who do not receive a vaccination on campus or provide proof of vaccination by another provider may be subject to additional safety measures.
Vaccine Information Options
O Vaccinated O Medical Exemption O Religious Exception
accinated – go to page 2
ledical Exemption – go to page 5

Religious Exception - go to page 8



Vaccinated

- 1. You are required to provide details on all vaccine doses you have received within the **Vaccination Information** section.
- 2. Select your vaccine type, starting with the first dose from the Vaccination Type dropdown menu.
- 3. Use the calendar icon to select the **Vaccination Date** for the vaccine type you selected.
- 4. Select your Vaccination Country and Vaccination Location from the dropdown menus.
- 5. If you selected USA as your Vaccination Country, include the State where you were vaccinated.

Vaccine Information Opti	ons		- Y
Vaccinated	\odot Medical Exemption	○ Religious Ex	AstraZeneca-Oxford First dose AstraZeneca-Oxford Sec dose AstraZeneca-SII First dose AstraZeneca-SII Second dose
Vaccination Information			Johnson and Johnson - Janssen Moderna First Dose
Vaccination Type Vaccination Date Vaccination Country	USA V	State	Moderna Second Dose Pfizer First Dose Pfizer Second Dose Sinopharm First dose Sinopharm Second Dose
Vaccination Location			

6. If your vaccine type included more than one dose, click on the **Add a New Row** button to include additional dose details.

Vaccination Information				First 🚺 1 of 1 🔟 Last
Vaccination Type	Pfizer First Dose	~		+-
Vaccination Date	USA ~		State NY Q	
Vaccination Location	Pharmacy	~		

Vaccination Information				<u>First</u> 🖪 2 of 2 🗾 Last
Vaccination Type Vaccination Date Vaccination Country Vaccination Location	Pfizer Second Dose 06/29/2021 USA Pharmacy	~	State NY Q	+ -



 If you received your vaccination in New York State and have a valid NYS Excelsior pass, click the checkmark in the NYS Excelsior Pass Attestation section and fill out your information details exactly as you provided them to the Excelsior App (FOR NEW YORK STATE EXCELSIOR PASS HOLDERS ONLY).

Note: Excelsior information will not be used to update any information in CUNYfirst.

· ✓ ir h	I have a valid NYS Excelsior Pass and consent to the NYS Department of Health's sharing and verifying information with the City University of New York for the purpose of supporting CUNY's policy to protect the health and safety of its employees and students. For more information on NYS Excelsior Pass click <u>here</u> .								
If selected, please enter the information you provided in the Excelsior App. This information will only be used for Excelsior verification and will not update CUNYfirst.									
Last Nam	1e					Date of Birth		31	
First Nan	ne					Zip Code]
Telephon	e								

- 8. Upload your Vaccination Record in the **Supporting Documents** section. Select document type from the dropdown menu and click the **Upload** button to upload a document from your computer.
- If you have clicked the checkmark in the NYS Excelsior Pass Attestation, then click the Add a Row button to upload your NYS Excelsior Pass.

Note: Steps 7 and 9 are for New York State Excelsior Pass Holders only.

Suppo	rting Documents	
		First 🖬 1 of 1 🖬 Last
<u>Nbr</u>	*Document Type	Attached File Upload
	Covid-19 Vaccination Record	Upload + 1

10. Once your documents are uploaded, you can click the **View** link to review your uploaded files before submission.

uppor	ting Documents			
lease	select a vaccination document type to u	upload.		
		j 🖾 🛄 👔	First 🚺 1-2 of 2	Last
Nber	*Vaccination document	Attached File	View	
1	Covid-19 Vaccination Record	Sample_CDC_Card.jpg	→ <u>View</u> ◆	Î
2	NYS Excelsior Pass	Sam s Pass pdf	View 🔸	f



- 11. Review the **Attestation** section and check that you have read and agreed to the University vaccination policy. If you are under 18 years old, the **Attestation** must be completed by a parent or legal guardian.
- 12. Click the **Submit** button.

Attesta	tion	Attestation
	The above mentioned student is under named below. As the legal parent/gue information provided is, to the best of documentation provided/attached/uplo 19 Vaccine Health Record/Document, vaccine. I acknowledge that this infor The City University of New York (CUN attending on-campus classes the stu policies and responsibility to protect t faculty and staff.	 By agreeing to the terms and conditions of the University vaccination policy below, I hereby certify that I am eighteen (18) years of age or older, the SARS-CoV-2 (COVID-19) vaccine information I have provided is, to the best of my knowledge and belief accurate and I further certify that the documentation I have provided / attached / uploaded is a true and correct copy or a facsimile of my original Covid-19 Vaccine Health Record/Document/Form/Letter provided to me at the time I received my vaccine. I acknowledge that I am submitting this information and documentation at the request of The City University of New York (CUNY) and in support of the University's policies and procedures for attending on-campus classes that I have elected to register for and further, in support of CUNY's policies and responsibility to protect the health, safety, and welfare of the CUNY community, its students, faculty and staff.
	Parent/Legal Guardian Last Name	Parent/Legal Guardian First Name
	Parent/Legal Guardian Email Addr	ress Parent/Legal Guardian Phone
Save [Draft Submit	

13. You will see a confirmation pop-up window. Click **OK** to submit.

Message
Once submitted you will not be able to modify the data. Do you want to submit? (20010,834)
OK Cancel

14. Once submitted, you will see a pop-up message that your information has been successfully submitted. You will also see the status fields will appear at the top of the page to display **Submitted** for the Covid-19 Vaccination Record and **Pending** for the Excelsior field status. You may return to this page to view your approval status at any time.

Message		
Your information has been succe /coronavirus/faqs/ for FAQs and g	ssfully submitted. If you have any questions or need to guidance.	o make any corrections, please visit https://www.cuny.edu
	ок	
	Approval Sub	mitted Excelsior Pending
Vaccine Information Opti	ons	
Vaccinated	O Medical Exemption	○ Religious Exception



Medical Exemption

1. Provide your medical exemption reason for declining the vaccination. Make sure to read and understand the medical exemption policy below.

Note: Medical exemption requests **must** be accompanied by a <u>CUNY Medical Exemption Form</u> completed by a medical professional.

Vaccine Information Opti	ons	
\bigcirc Vaccinated	Medical Exemption	\odot Religious Exception
Medical Exception		
Medical Reason Comment		<i>i</i>
 I understand that The in-person classes in I understand that a attending classes of I understand that Classes in the alth and life of ind I understand that in family, colleagues, disability, or death in family, colleagues, disability, or death in COVID-19. I have had the oppoor I understand that Classes or death. I understand that if with the virus and I However, it is my de information that I had I understand the continuity of risital continuity of r	he City University of New York has mandate hust receive a COVID-19 Vaccine. COVID-19 vaccination will protect myself, n r residing in a residence hall. OVID-19 has been the cause of a national a dividuals. the absence of a COVID-19 vaccination, I r friends, or persons around me at risk result when exposed. tters, I have received information or education rtunity to ask questions and the answers w OVID-19 is a serious respiratory disease the l am not vaccinated and I am exposed to ar could spread the virus to the people around ecision to decline for Medical reasons the virus received about its importance and the risk nsequences with respect to my access to U k of endangering my health and of others from	ed that all students registering for 2021 Fall Term ny family, and other persons with whom I may be and international pandemic that involves risk to the may acquire the COVID-19 virus that may put my ing in fatal consequences such as illness, onal materials with regard to the vaccine against are explained to me to my satisfaction at contracting the virus could result in serious in individual with COVID-19, I may become infected me. vaccination at this time, regardless of the sk of not receiving it. University Facilities and of my decision, including om being infected due to COVID-19.

 Upload your supporting medical exemption documentation (including the <u>CUNY Medical Exemption</u> Form) in the **Supporting Documents** section by clicking the **Upload** link, choosing the file on your computer, and clicking **Upload**.

Supporting Documents			File Attachment	×		
<u>*Document Type</u>		Attached File	<u>Upload</u>			<u>Help</u>
Medical Exemption	~		<u>Upload</u>	• 1	Choose File No file choser	<u> </u>
					Upload Cancel	_
					-	



3. Once your document is uploaded, you can click the **View** link to review your uploaded file before submission.

Supporting Documents				
*Document Type	Attached File	<u>View</u>		
Medical Exemption	Medical_Exemption.pdf	→ <u>View</u>	+	Î

- 4. Read the **Attestation** section and check that you certify that all details and documentation you have provided are accurate and valid. If you are under 18 years old, the **Attestation** must be completed by a parent or legal guardian.
- 5. Click the **Submit** button.

Attestation			
I hereby certify that the SARS-CoV-2 (COVID-19) Medical or Religious vaccine exemption information provided is, to the best of my knowledge and belief accurate and I further certify, to the best of my knowledge and belief, that the documentation provided/attached/uploaded is also true and valid. I acknowledge that this information and documentation is being submitted at the request of The City University of New York (CUNY) and in support of the University's policies and procedures for attending on-campus classes the student has elected to register for and further, in support of CUNY's policies and responsibility to protect the health, safety, and welfare of the CUNY community, its students, faculty and staff.			
Save D	Draft Submit		
Attestation			
The above mentioned student is under eighteen (18) years of age and that I am the parent/legal guardian named below. As the legal parent/guardian, I hereby certify that the SARS-CoV-2 (COVID-19) Medical or Religious vaccine exemption information provided is, to the best of my knowledge and belief accurate and I further certify, to the best of my knowledge and belief, that the documentation provided/attached/uploaded is also true and valid. I acknowledge that this information and documentation is being submitted at the request of The City University of New York (CUNY) and in support of the University's policies and procedures for attending on-campus classes the student has elected to register for and further, in support of CUNY's policies and responsibility to protect the health, safety, and welfare of the CUNY community, its students, faculty and staff.			
	Parent/Legal Guardian Last Name	Parent/Legal Guardian First Name	
	Parent/Legal Guardian Email Address	Parent/Legal Guardian Phone	

Submit

Save Draft



6. You will see a confirmation pop-up window. Click **OK** to submit.

Message
Once submitted you will not be able to modify the data. Do you want to submit? (20010,834)
OK Cancel

7. Once submitted, you will see a pop-up message that your information has been successfully submitted. You will also see the status fields will appear at the top of the page to display **Submitted** for the Covid-19 Vaccination Record and **Pending** for the Excelsior field status. You may return to this page to view your approval status at any time.

Message				
Your information has been successfully submitted. If you have any questions or need to make any corrections, please visit https://www.cuny.edu /coronavirus/faqs/ for FAQs and guidance.				
	Approval Submitted	Excelsior Pending		
Vaccine Information Options				
O Vaccinated	Medical Exemption	O Religious Exception		



Religious Exception

1. Provide your religious exception reason for declining the vaccination. Make sure to read and understand the religious exception policy below.

Vaccine Information Optio	ns	
\odot Vaccinated	\odot Medical Exemption	Religious Exception
Religous Exception		
Religious Reason Comment		
 I understand that Term in-person cla 2. I understand that be attending class I understand that the health and life I understand that my family, colleag disability, or death In light of these m against COVID-19 I have had the opp I have had the opp I understand that illness or death. I understand that infected with the w However, it is my information that I I understand the opt 	The City University of New York has man isses must receive a COVID-19 Vaccine. a COVID-19 vaccination will protect myse ses or residing in a residence hall. COVID-19 has been the cause of a nation of individuals. In the absence of a COVID-19 vaccination ues, friends, or persons around me at ris when exposed. atters, I have received information or edu to ortunity to ask questions and the answe COVID-19 is a serious respiratory diseas if I am not vaccinated and I am exposed to irus and I could spread the virus to the pr decision to decline for Religious reasons have received about its importance and the onsequences with respect to my access inuity of risk of endangering my health ar	dated that all students registering for 2021 Fall elf, my family, and other persons with whom I may nal and international pandemic that involves risk to n, I may acquire the COVID-19 virus that may put sk resulting in fatal consequences such as illness, cational materials with regard to the vaccine was were explained to me to my satisfaction se that contracting the virus could result in serious to an individual with COVID-19, I may become eople around me. s the vaccination at this time, regardless of the ne risk of not receiving it. s to University Facilities and of my decision, nd of others from being infected due to COVID-19.

2. Upload your supporting religious exception documentation in the **Supporting Documents** section by clicking the **Upload** link, choosing the file on your computer, and clicking **Upload**.





3. Once your document is uploaded, you can click the **View** link to review your uploaded file before submission.



- 4. Read the **Attestation** section and check that you certify that all details and documentation you have provided are accurate and valid. If you are under 18 years old, the **Attestation** must be completed by a parent or legal guardian.
- 5. Click the **Submit** button.

Allesia	ation			
•	I hereby certify that the SARS-CoV-2 (COVID-19) M provided is, to the best of my knowledge and belief knowledge and belief, that the documentation provi acknowledge that this information and documentation University of New York (CUNY) and in support of th campus classes the student has elected to registe responsibility to protect the health, safety, and welf staff.	fedical or Religious vaccine exemption information accurate and I further certify, to the best of my ded/attached/uploaded is also true and valid. I on is being submitted at the request of The City e University's policies and procedures for attending on- r for and further, in support of CUNY's <u>policies</u> and are of the CUNY community, its students, faculty and		
Save Draft Submit				
.				
Attesta	ation			
The above mentioned student is under eighteen (18) years of age and that I am the parent/legal guardian named below. As the legal parent/guardian, I hereby certify that the SARS-CoV-2 (COVID-19) Medical or Religious vaccine exemption information provided is, to the best of my knowledge and belief accurate and I further certify, to the best of my knowledge and belief, that the documentation provided/attached/uploaded is also true and valid. I acknowledge that this information and documentation is being submitted at the request of The City University of New York (CUNY) and in support of the University's policies and procedures for attending on-campus classes the student has elected to register for and further, in support of CUNY's policies and responsibility to protect the health, safety, and welfare of the CUNY community, its students, faculty and staff.				
	safety, and welfare of the CUNY community, its stu	dents, faculty and staff.		
	safety, and welfare of the CUNY community, its stu Parent/Legal Guardian Last Name	Dents, faculty and staff.		
	safety, and welfare of the CUNY community, its stu Parent/Legal Guardian Last Name	idents, faculty and staff. Parent/Legal Guardian First Name		



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Your information has been succes /coronavirus/faqs/ for FAQs and g	ssfully submitted. If you have any questions or need to r juidance.	make any corrections, please visit https://www.cuny.edu
	ок	
	Approval Subm	nitted Excelsior Pending
Vaccine Information Opti	ons	
Vaccinated	O Medical Exemption	Religious Exception