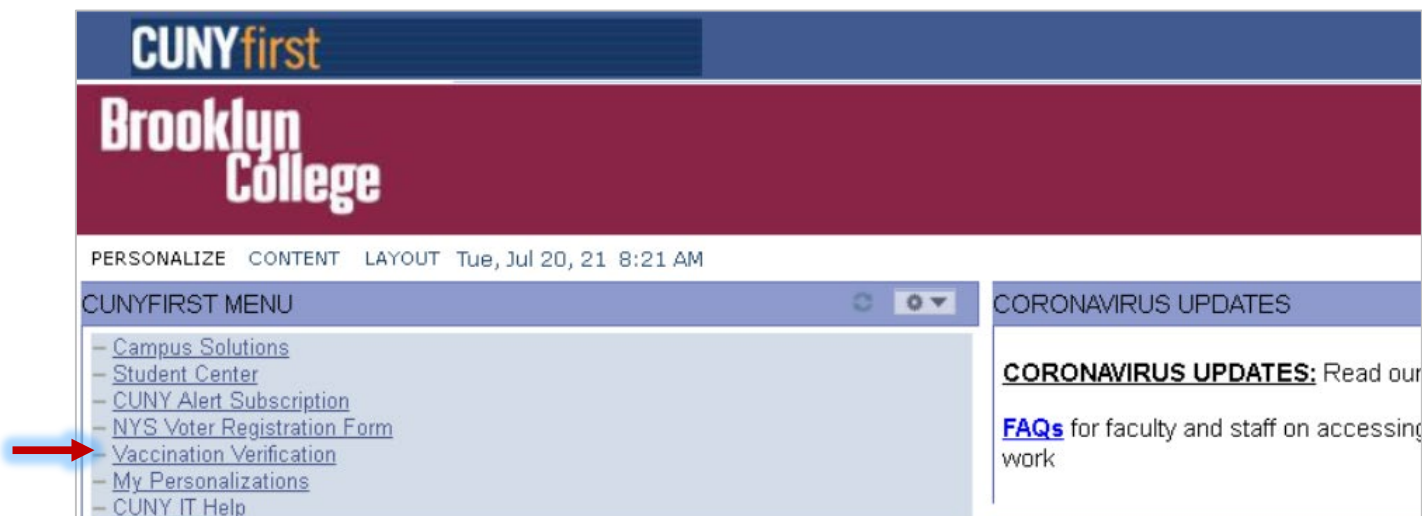


Vaccination Verification for CUNY Students

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



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

Favorites | Main Menu | Vaccination Verification

CUNY Student 23606443

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

☐ Vaccinated
 ☐ Medical Exemption
 ☐ Religious Exception

Vaccinated – go to page 2

Medical 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 Options

☒ Vaccinated ☐ Medical Exemption ☐ Religious Ex

Vaccination Information

Vaccination Type: [Dropdown] → AstraZeneca-Oxford First dose, AstraZeneca-Oxford Sec dose, AstraZeneca-SII First dose, AstraZeneca-SII Second dose, Johnson and Johnson - Janssen, Moderna First Dose, Moderna Second Dose, Pfizer First Dose, Pfizer Second Dose, Sinopharm First dose, Sinopharm Second Dose

Vaccination Date: [Calendar Icon]

Vaccination Country: USA [Dropdown] State: [Text Box] [Search Icon]

Vaccination Location: [Dropdown]

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 [Dropdown] + -

Vaccination Date: 06/16/2021 [Calendar Icon]

Vaccination Country: USA [Dropdown] State: NY [Text Box] [Search Icon]

Vaccination Location: Pharmacy [Dropdown]

Vaccination Information First 2 of 2 Last

Vaccination Type: Pfizer Second Dose [Dropdown] + -

Vaccination Date: 06/29/2021 [Calendar Icon]

Vaccination Country: USA [Dropdown] State: NY [Text Box] [Search Icon]

Vaccination Location: Pharmacy [Dropdown]

- 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.

NYS Excelsior Pass Information

☒

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 [here](#).

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 Name
Date of Birth

First Name
Zip Code

Telephone

*Please attach copy of your Covid-19 Vaccination Record and NYS Excelsior Pass below.

- 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.

Supporting Documents

Nbr	*Document Type	Attached File	Upload		
	Covid-19 Vaccination Record		Upload	+	

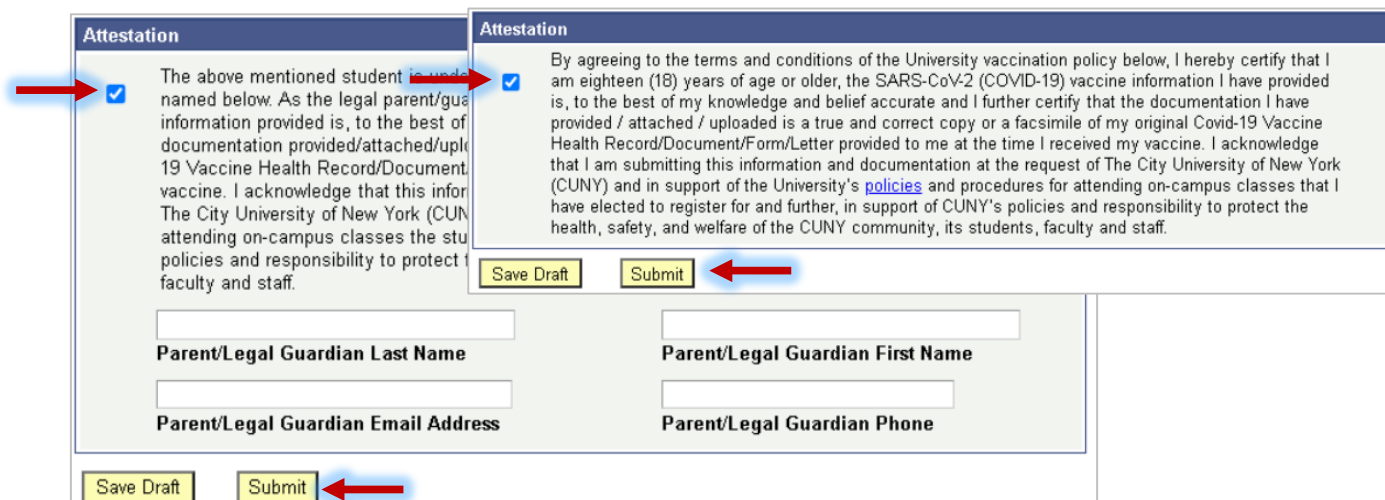
- Once your documents are uploaded, you can click the **View** link to review your uploaded files before submission.

Supporting Documents

Please select a vaccination document type to upload.

Nbr	*Vaccination document	Attached File	View		
1	Covid-19 Vaccination Record	Sample_CDC_Card.jpg	View	+	
2	NYS Excelsior Pass	Sam_s_Pass.pdf	View	+	

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.



The above mentioned student ☒ is named below. As the legal parent/guardian, I acknowledge that this information 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.

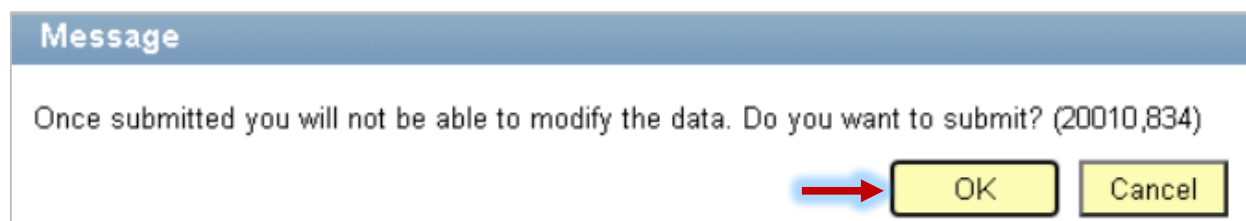
By agreeing to the terms and conditions of the University vaccination policy below, I hereby certify that I am eighteen (18) years of age or older, the SARS-CoV-2 (COVID-19) vaccine information I have provided is, to the best of my knowledge and belief accurate and I further certify that the documentation 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.

Save Draft Submit

Parent/Legal Guardian Last Name Parent/Legal Guardian First Name
Parent/Legal Guardian Email Address Parent/Legal Guardian Phone

Save Draft Submit

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

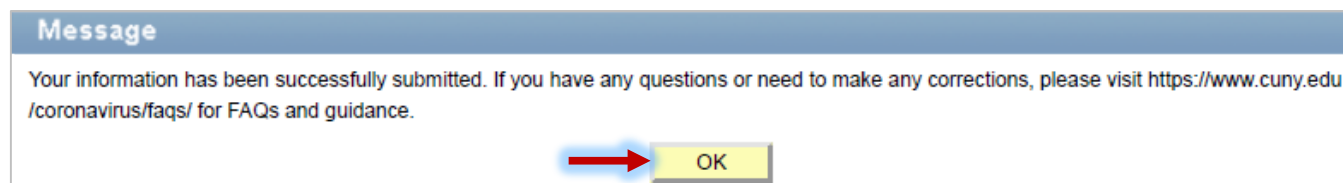


Message

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

OK Cancel

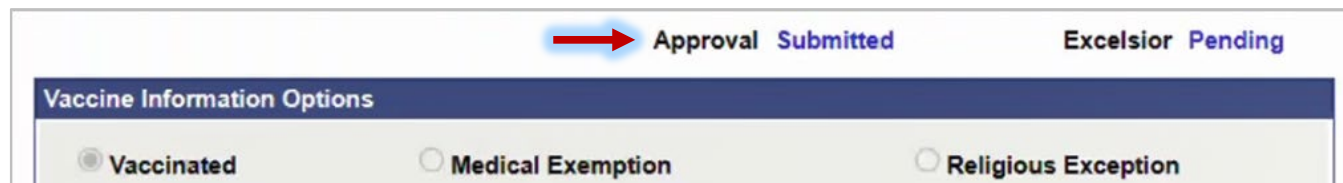
14. Once submitted, you will see a pop-up message that your information has been successfully submitted. You will also see the status fields will appear at the top of the page to display **Submitted** for the Covid-19 Vaccination Record and **Pending** for the Excelsior field status. You may return to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



Message

Your information has been 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.

OK



Approval **Submitted** Excelsior **Pending**

Vaccine Information Options

☒ Vaccinated ☐ 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 [CUNY Medical Exemption Form](#) completed by a medical professional.

Vaccine Information Options

☐ Vaccinated
 ☒ Medical Exemption
 ☐ Religious Exception

Medical Exception

Medical Reason Comment

1. I understand that The City University of New York has mandated that all students registering for 2021 Fall Term in-person classes must receive a COVID-19 Vaccine.
2. I understand that a COVID-19 vaccination will protect myself, my family, and other persons with whom I may be attending classes or residing in a residence hall.
3. I understand that COVID-19 has been the cause of a national and international pandemic that involves risk to the health and life of individuals.
4. I understand that in the absence of a COVID-19 vaccination, I may acquire the COVID-19 virus that may put my family, colleagues, friends, or persons around me at risk resulting in fatal consequences such as illness, disability, or death when exposed.
5. In light of these matters, I have received information or educational materials with regard to the vaccine against COVID-19.
6. I have had the opportunity to ask questions and the answers were explained to me to my satisfaction
7. I understand that COVID-19 is a serious respiratory disease that contracting the virus could result in serious illness or death.
8. I understand that if I am not vaccinated and I am exposed to an individual with COVID-19, I may become infected with the virus and I could spread the virus to the people around me.
9. However, it is my decision to decline for **Medical** reasons the vaccination at this time, regardless of the information that I have received about its importance and the risk of not receiving it.
10. I understand the consequences with respect to my access to University Facilities and of my decision, including the continuity of risk of endangering my health and of others from being infected due to COVID-19.

2. Upload your supporting medical exemption documentation (including the [CUNY Medical Exemption Form](#)) in the **Supporting Documents** section by clicking the **Upload** link, choosing the file on your computer, and clicking **Upload**.

Supporting Documents

Document Type	Attached File	Upload
Medical Exemption		Upload

File Attachment

Choose File

No file chosen

Upload

Cancel

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

Supporting Documents				
Document Type	Attached File	View		
Medical Exemption	Medical_Exemption.pdf	View		

- 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.
- Click the **Submit** button.

Attestation	
<input checked="" type="checkbox"/>	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.
<div> <div>Save Draft</div> <div>Submit</div> </div>	

Attestation	
<input checked="" type="checkbox"/>	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.
<input type="text"/> Parent/Legal Guardian Last Name	<input type="text"/> Parent/Legal Guardian First Name
<input type="text"/> Parent/Legal Guardian Email Address	<input type="text"/> Parent/Legal Guardian Phone
<div> <div>Save Draft</div> <div>Submit</div> </div>	

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.

→ OK

→ Approval **Submitted**

Excelsior **Pending**

Vaccine Information Options

☐ Vaccinated

☒ Medical Exemption

☐ 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 Options

☐ Vaccinated
 ☐ Medical Exemption
 ☒ Religious Exception

Religious Exception

Religious Reason Comment

1. I understand that The City University of New York has mandated that all students registering for 2021 Fall Term in-person classes must receive a COVID-19 Vaccine.
2. I understand that a COVID-19 vaccination will protect myself, my family, and other persons with whom I may be attending classes or residing in a residence hall.
3. I understand that COVID-19 has been the cause of a national and international pandemic that involves risk to the health and life of individuals.
4. I understand that in the absence of a COVID-19 vaccination, I may acquire the COVID-19 virus that may put my family, colleagues, friends, or persons around me at risk resulting in fatal consequences such as illness, disability, or death when exposed.
5. In light of these matters, I have received information or educational materials with regard to the vaccine against COVID-19.
6. I have had the opportunity to ask questions and the answers were explained to me to my satisfaction
7. I understand that COVID-19 is a serious respiratory disease that contracting the virus could result in serious illness or death.
8. I understand that if I am not vaccinated and I am exposed to an individual with COVID-19, I may become infected with the virus and I could spread the virus to the people around me.
9. However, it is my decision to decline for **Religious** reasons the vaccination at this time, regardless of the information that I have received about its importance and the risk of not receiving it.
10. I understand the consequences with respect to my access to University Facilities and of my decision, including the continuity of risk of endangering my health and 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**.

Supporting Documents

*Document Type	Attached File	Upload
Religious Exception		Upload

File Attachment

Choose File

No file chosen



Upload

Cancel

Last updated August 10, 2021

Page 8

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

Supporting Documents				
Document Type	Attached File	View		
Religious Exception	Religious_Exception.pdf	View		

- 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.
- 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 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

Save Draft

Submit

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.

→

OK

→

Approval

Submitted

Excelsior

Pending

Vaccine Information Options

☐ Vaccinated

☐ Medical Exemption

☒ Religious Exception