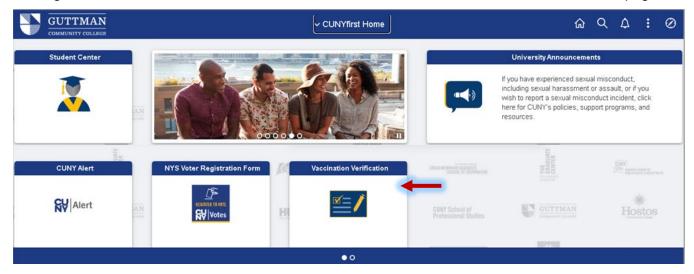


Vaccination Verification for CUNY Students

1. Log into CUNYfirst and click on the Vaccination Verification tile on the CUNYfirst Home page.



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

CUNY Student		23606443
SARS-CoV-2(CO	VID-19) Vaccine Verifica	tion Program
Let's End this Pand	emic for Good!	
The City University of New Y clinical professionals, stude recommends that all member requires all University Stude and Programs to be fully-vac 2021 term. Students access Enforcement of the mandate (approval) and widespread a	fork (the "University") community, includi nts, and others who work, live, or learn in ers of the community obtain the COVID-1 nts (as hereinafter defined) attending full ccinated, subject to limited Exceptions a sing any University facilities will be require will be delayed until full the United Stat	Terification Program is to protect the health and safety of ing its students, faculty, academic appointees, staff, in any of the University's locations. The University strongly 19 vaccine as soon as they are eligible. The policy y in-person or hybrid courses in any University Facilities and Exemptions, beginning before the start of the Fall ed to show proof of a negative COVID-19 test. es Food and Drug Administration (the "FDA") licensure who do not receive a vaccination on campus or provide safety measures.
Vaccine Information Opti	ons	
O Vaccinated	\bigcirc Medical Exemption	\bigcirc Religious Exception
√accinated – go to page		
Medical Exemption – go	o to page 5	

Religious Exception – go to page 8

Booster only – go to page 11



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 from the Vaccination Brand dropdown menu.

Vaccine Information Opt	ions		~
Vaccinated Vaccination Brand	O Medical Exemption	O Relig	AstraZeneca/Oxford AstraZeneca/SII Covidshield Johnson and Johnson - Janssen Moderna Pfizer
Save Draft Subm	it Return to selection		Sinopharm Sinovac-CoronaVac

- 3. Depending on the vaccine brand you selected, you will have **Vaccination Information** fields for one or two doses generated below. Fill out the following details for the number of doses on the screen.
 - Use the calendar icon to select the Vaccination Date.
 - Select your Vaccination Country and Vaccination Location from the dropdown menus.
 - If you selected USA as your Vaccination Country, include the State where you were vaccinated.
- 4. If you have received a booster dose, click the **Add Booster** button.
- 5. Fill out the information for your booster dose.

		Vaccination	і Туре					<u> </u>
		Vaccination	Date			18.J F	3005	iter 1
Vaccine Information Option	ons	Vaccination		_	P	Node	erna	Booster 1 oster 1
Vaccinated	O Medical Exemption	Vaccination	Loca	ntion (Re	eligi	as	▼
Vaccination Brand	Moderna	`	•		Add	Boo	ster	
Vaccination Information							X	irst 🚺 1-2 of 2 🚺 Last
Vaccination Type Vaccination Date Vaccination Country Vaccination Location	Moderna First Dose 10/01/2021 🛐 USA 🗸 Hospital	✓ S 2 9 16 23 30	3 4 10 1 17 1 24 2	 T W 4 5 1 12 8 19 25 26 	13 20	F S 1 7 8 14 1 21 2	5	York
Vaccination Type Vaccination Date Vaccination Country Vaccination Location	Moderna Second Dose 12/01/2021 USA Hospital	~		te N		_	New	r York



 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 E	Excelsior Pass Information	
	information with the City Ur	r Pass and consent to the NYS Department of Health's sharing and verifying iversity of New York for the purpose of supporting CUNY's policy to protect the loyees and students. For more information on NYS Excelsior Pass click <u>here</u> .
	If selected, please enter the for Excelsior verification an	information you provided in the Excelsior App. This information will only be used I will not update CUNYfirst.
Last N	lame	Date of Birth
First N	lame	Zip Code
Teleph	none	
*Pleas	e attach copy of your Covid-′	9 Vaccination Record and NYS Excelsior Pass below.

7. 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.

Note: 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: If you have separate cards for your vaccine doses and booster doses, click **Add a Row** button to upload additional documentation.

Suppo	rting Documents		
		A	First 🚺 1 of 1 🚺 Last
<u>Nbr</u>	*Document Type	Attached File	<u>Upload</u>
	Covid-19 Vaccination Record		Upload 🚽 🗍

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

uppor	ting Documents			
Please	select a vaccination document type to u	upload.		
		I 🖾 🖩	First 🚺 1-2 of 2	🛛 Lasi
Nber	*Vaccination document	Attached File	View	
1	Covid-19 Vaccination Record	Sample_CDC_Card.jpg	View 4	• Î
2	NYS Excelsior Pass	Sam_s_Pass.pdf	View	1



- 9. 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.
- 10. Click the **Submit** button.

Attesta	ntion	Attestation
	The above mentioned student is used named below. As the legal parent/gua information provided is, to the best of documentation provided/attached/upl 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 faculty and staff.	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 <u>policies</u> 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 each active active active active active active active and active and active
	Parent/Legal Guardian Last Name	Parent/Legal Guardian First Name
	Parent/Legal Guardian Email Addr	ress Parent/Legal Guardian Phone
Save	Draft Submit	

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

Message		
Your information has been succe /coronavirus/faqs/ for FAQs and g		ed to make any corrections, please visit https://www.cuny.edu
	ок	
	Approval S	ubmitted Excelsior Pending
Vaccine Information Opti	ons	
Vaccinated	O Medical Exemption	C 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.

Vacci	ne Information Optio	ns	
0	Vaccinated	Medical Exemption	\bigcirc Religious Exception
Medio	al Exception		
Medic Reaso Comm	n		*
2 3 4 5 6 7 8 9	 in-person classes multiple in the stand that a C attending classes or I understand that CO health and life of inditional that in t family, colleagues, fr disability, or death w In light of these matt CO∨ID-19. I have had the opport. I understand that CO illness or death. I understand that if I with the virus and I c information that I have. 	Ist receive a COVID-19 Vaccine. OVID-19 vaccination will protect myself, i residing in a residence hall. VID-19 has been the cause of a national riduals. The absence of a COVID-19 vaccination, I ends, or persons around me at risk resul- nen exposed. The exposed. The received information or education with to ask questions and the answers work VID-19 is a serious respiratory disease the am not vaccinated and I am exposed to a build spread the virus to the people around cision to decline for Medical reasons the e received about its importance and the received about its importance and the received and the received about its importance about about its importance about about its importance about about its importance about abou	nat contracting the virus could result in serious in individual with COVID-19, I may become infected d me. vaccination at this time, regardless of the isk of not receiving it. University Facilities and of my decision, including

 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	Upload		<u>Help</u>
Medical Exemption		Upload • 1	Choose File No file chosen	



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	View		
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.

Attesta	tion	
▶ ☑	campus classes the student has elected to register	accurate and I further certify, to the best of my led/attached/uploaded is also true and valid. I on is being submitted at the request of The City University's policies and procedures for attending on-
Save D	Draft Submit	
Attesta	tion	
▶ ☑	named below. As the legal parent/guardian, I hereby Religious vaccine exemption information provided is I further certify, to the best of my knowledge and be provided/attached/uploaded is also true and valid. I documentation is being submitted at the request of support of the University's <u>policies</u> and procedures	acknowledge that this information and The City University of New York (CUNY) and in for attending on-campus classes the student has Y's policies and responsibility to protect the health,
	Parent/Legal Guardian Last Name	Parent/Legal Guardian First Name

Save Draft

Submit



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

Message		
Your information has been successfu /coronavirus/faqs/ for FAQs and guid	Ily submitted. If you have any questions or need to make ance.	any corrections, please visit https://www.cuny.edu
	Approval Submitted	Excelsior Pending
Vaccine Information Options		
◯ 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 O	ptions	
○ Vaccinated	\odot Medical Exemption	Religious Exception
Religous Exception		
Religious Reason Comment		×
Term in-person 2. I understand the be attending of 3. I understand the the health and 4. I understand the my family, col disability, or d 5. In light of thes against COVID 6. I have had the 7. I understand the illness or deat 8. I understand the infected with the 9. However, it is information the 10. I understand the	n classes must receive a COVID-19 Vaccine hat a COVID-19 vaccination will protect myst classes or residing in a residence hall. hat COVID-19 has been the cause of a natio life of individuals. hat in the absence of a COVID-19 vaccinatio leagues, friends, or persons around me at ris eath when exposed. e matters, I have received information or edu 0-19. opportunity to ask questions and the answe hat COVID-19 is a serious respiratory diseas h. hat if I am not vaccinated and I am exposed i he virus and I could spread the virus to the p my decision to decline for Religious reason at I have received about its importance and th he consequences with respect to my access	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, incational materials with regard to the vaccine ers 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

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				File Attachment	×
*Document Type	Attached File	Upload			<u>Help</u>
Religious Exception		Upload	• î	Choose File No file choser	1
				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>		
Religious Exception	Religious_Exception.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.

ttesta	ation	
	campus classes the student has elected to register	accurate and I further certify, to the best of my led/attached/uploaded is also true and valid. I on is being submitted at the request of The City of University's policies and procedures for attending on-
Save D	Draft Submit -	
ittesta	ation	
Attesta	The above mentioned student is under eighteen (18) named below. As the legal parent/guardian, I hereby Religious vaccine exemption information provided is I further certify, to the best of my knowledge and be provided/attached/uploaded is also true and valid. I documentation is being submitted at the request of support of the University's <u>policies</u> and procedures f	acknowledge that this information and The City University of New York (CUNY) and in for attending on-campus classes the student has Y's policies and responsibility to protect the health,
Attesta	The above mentioned student is under eighteen (18) named below. As the legal parent/guardian, I hereby Religious vaccine exemption information provided is I further certify, to the best of my knowledge and be provided/attached/uploaded is also true and valid. I documentation is being submitted at the request of support of the University's <u>policies</u> and procedures to elected to register for and further, in support of CUN	v certify that the SARS-CoV-2 (COVID-19) Medical or , to the best of my knowledge and belief accurate and lief, that the documentation acknowledge that this information and The City University of New York (CUNY) and in for attending on-campus classes the student has Y's policies and responsibility to protect the health,

Submit

Save Draft



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

Message		
Your information has been succes /coronavirus/faqs/ for FAQs and g		to make any corrections, please visit https://www.cuny.edu
	ок	
	Approval Sub	bmitted Excelsior Pending
Vaccine Information Option	ons	
Vaccinated	O Medical Exemption	Religious Exception



Booster Only

1. Once you have an approved vaccination verification in the system, your **Vaccine Verification Program** page will list your existing records, which you can view by clicking the **View** link. To add your booster, click the **Add New Record** button below.

A DECEMBER OF A						
SA	RS-CoV-2(COVI	D-19) Vac	cine Verification	Program		
	Vaccine Options	Record No.	Created	Admin Status	View	
	vaccine options	Necora no.	CICATON			

2. Click the Vaccinated radio button and fill out the booster dose details in the generated area.

Vaccination Type Vaccination Date Vaccination Country Vaccination Country State	Vaccine Information Opti	ons	
Vaccination Type Vaccination Date Vaccination Country Vaccination Country Vaccination Country State	• Vaccinated	O Medical Exemption	○ Religious Exception
Vaccination Date J&J Booster 1 Vaccination Country Moderna Booster 1 State Pfizer Booster 1	Vaccination Information		First 🗹 1 of 1 본 Last
Vaccination Date J&J Booster 1 Vaccination Country Moderna Booster 1 State Pfizer Booster 1			
Vaccination Country J&J Booster 1 Vaccination Country Moderna Booster 1 State Pfizer Booster 1	Vaccination Type		
Pfizer Booster 1	Vaccination Date	J&J Booster 1	
	Vaccination Country		State Q
Vaccination Location			·
	Vaccination Location	~	

3. Upload the image of your booster dose card in the **Supporting Documents** section. Select document type from the dropdown menu and click the **Upload** button to upload a document from your computer.

		<u>ا</u> کی			
		ي بي	First	1 of 1 🔛	Last
<u>lbr</u>	<u>*Document Type</u>	Attached File	Upload		
	Covid-19 Vaccination Record		Upload 4	+	Î

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

Nber	*Vaccination document	Attached File	View		
1	Covid-19 Vaccination Record	Sample_CDC_Card.jpg	<u>View</u>	• 1	



- 5. 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.
- 6. Click the **Submit** button.

Attesta	ation	Attestation				
	The above mentioned student in and named below. As the legal parent/gu information provided is, to the best of documentation provided/attached/up 19 Vaccine Health Record/Document vaccine. I acknowledge that this info The City University of New York (CU attending on-campus classes the st policies and responsibility to protect faculty and staff.	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 <u>policies</u> 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 active and we can be accurated and accurate and the submet of the component of the University of CUNY and the support of the University of CUNY's policies and responsibility to protect the health active and we can be accurated and accurate and the submet of the component of the University of CUNY's policies and responsibility to protect the health active and we can be accurated and the support of the University and the factors and responsibility to protect the health active and we have a support of the University active and the factors and responsibility to protect the health active and we have a support of the University and the factors accurate accurate the support of the University active a				
	Parent/Legal Guardian Last Name	Parent/Legal Guardian First Name				
	Parent/Legal Guardian Email Addr	ess Parent/Legal Guardian Phone				
Save	Save Draft Submit					

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

Message		
Your information has been succer /coronavirus/faqs/ for FAQs and g		d to make any corrections, please visit https://www.cuny.edu
	ок	
	Approval S	ubmitted Excelsior Pending
Vaccine Information Opti	ons	
Vaccinated	O Medical Exemption	○ Religious Exception