

ADELPHI

UNIVERSITY

NEW YORK

Student Name (printed) _____ Adelphi ID no. _____

ACKNOWLEDGEMENT OF RISK AND AGREEMENT REGARDING MEDICAL AND RELIGIOUS EXEMPTIONS FROM COVID-19 VACCINATION REQUIREMENT

In addition to submitting the [Medical or Religious Exemption Form](#), students who have been granted a medical or religious exemption from the Adelphi University's COVID-19 vaccination requirement must complete this Acknowledgement of Risk Form and Agreement in recognition [of the public health concern that COVID-19 poses](#).

COVID-19 is a highly contagious respiratory virus that affects people of all ages. This virus can cause long-term medical problems and death regardless of age. This virus spreads through respiratory secretions related to speaking, singing, yelling, coughing, and sneezing. Infected individuals can spread the virus to others. Up to 50% or more of people can be infected without realizing it.

Centers for Disease Control (CDC) public health officials have indicated that COVID-19 vaccines are very safe and highly effective at preventing death and hospitalization from COVID-19. When large numbers within a population are immunized, viral spread will be significantly limited. Each member of the community can contribute to this protective approach. However, Adelphi University understands some students may not be able to be vaccinated against COVID-19 for medical or religious reasons.

Students who request an exemption for medical or religious reasons must review the information below and sign to confirm they understand the risks and obligations associated with participating in an on-ground experience for the 2021-22 academic year while being unvaccinated.

ACKNOWLEDGEMENT AND AGREEMENT:

By signing below, I confirm that I have read and understand the information provided above concerning the risks of COVID-19. In addition, by checking the boxes below, I confirm that:

____ I agree to engage in reasonable risk mitigation practices as required by the University (such as the use of PPE, mask wearing and physical distancing).

____ I agree to provide results of a COVID-19 PCR test within 72 hours prior to moving back to campus (or a rapid antigen test within 6 hours) and to participate in regular COVID-19 surveillance testing if required by the University.

____ I agree to immediately notify Student Health Services if I test positive for COVID-19 or have a known or suspected exposure to someone with COVID-19.

____ I agree to quarantine off campus at my own expense if required by the University.

____ I have had the opportunity to read this document and ask questions through the Adelphi University Health Services Center healthservicescenter@adelphi.edu and now voluntarily sign below to demonstrate my understanding of it and commitment to abide by it.

Signature of Student Date

If student is a minor,
signature of parent/guardian Date