



New Paltz
STATE UNIVERSITY OF NEW YORK

Student Health Service • Division of Student Affairs
1 Hawk Drive • New Paltz, NY 12561-2443 • 845-257-3400 • Fax 845-257-3415
healthservice@newpaltz.edu

Medical exemption form for vaccinations

Student name

Medical Diagnosis for exemption _____

Time period exemption is valid

One year

Lifelong

Provider Signature _____

Date: _____

There must be a valid diagnosed reason
for medical exemption. Simply
documenting exemption does not meet
the requirement of Public Health Law

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