

COVID-19 VACCINATION & BOOSTER VERIFICATION



The State of New York mandates COVID-19 vaccinations and booster for all students. You are required to provide JCC's health center with a copy of a FDA-approved COVID-19 vaccinations and booster. We will also accept World Health Organization approved COVID-19 vaccines as proof.

What is COVID-19? As defined by the CDC, COVID-19 is a respiratory disease caused by SARS-CoV-2.

How does it spread? According to the CDC, COVID-19 is spread person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks.

What are the symptoms? Some may experience minor aches and pains, new loss of smell and taste, congestion, runny nose, fever, chills, fatigue, muscle aches, cough, sore throat, nausea, vomiting, diarrhea, headache, shortness of breath, and or difficulty breathing. Some symptoms lead to hospitalization.

How soon do symptoms appear? Symptoms may appear 2 - 14 days after exposure to the virus.

What is the treatment? Treatment depends on the severity of your symptoms. Mild symptoms are treated conservatively depending on patient condition. Hospitalization may be required for more severe symptoms.

Where can I get a COVID-19 vaccinations and booster?

Inquire with your primary care provider or visit:

- covid19vaccine.health.ny.gov
- chqgov.com/public-health/covid-19-vaccination-clinics
- www.cattco.org/covid-vacc-info

Your local pharmacy may also offer COVID-19 vaccination. Go to your pharmacy website to schedule an appointment.

Are there exemptions? Yes. Students may submit a request for medical or religious exemption. Fully remote students may also request an exemption. Contact the Health Center for more information about exemptions.

For more information about COVID-19 vaccinations, visit www.cdc.gov/vaccines/covid-19/index.html

COVID-19 Vaccinations and Booster Verification Form

Name: _____

J-Number: _____

Birthdate: _____

COVID-19 Vaccination Name: _____

State or Country Received: _____

#1 ____/____/____ (month/day/year)

and/or

#2 ____/____/____ (month/day/year)

and/or

Booster ____/____/____ (month/day/year)

You must provide a copy of your COVID-19 vaccinations and booster record.

Signature: _____

Campus Health Centers

sunyjcc.edu/healthcenter

Immunization Requirement

Jamestown Campus Health Center

525 Falconer St., Jamestown, NY 14720-0020
716.338.1013 (Jamestown/Dunkirk)

Sen. Patricia McGee Student Health Center

260 N. Union St., Olean, NY 14760-5901
716.376.7569 (Olean)

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