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Student COVID-19 Vaccination Requirements

MEMORANDUM

Date: January 14, 2022

To: GIA Carlsbad, CA and New York, NY students

From: GIA Education

Re: COVID-19 Vaccination Requirements

Dear Student,

GIA's primary goal is to protect the health and safety of our campus community to the fullest extent possible. In an effort to enable our students, staff, and faculty to engage more holistically in all aspects of campus life, GIA will continue to make safety its primary consideration in the decision-making process and, as such, will rely on the most up-to-date scientific information available to make informed decisions regarding its operations.

All students attending a GIA campus must be [fully vaccinated](#) and boosted (if eligible) for COVID-19 with a [CDC Accepted COVID-19 Vaccine](#). Students are required to submit official documentation of vaccination and booster (if eligible) before being admitted to the school. The evidence of vaccination must be submitted in the Application Portal along with the admission application.

Official documentation must include the name of the vaccine and vaccination and booster (if eligible) dates. A seat in class is not guaranteed until documentation is reviewed and approved by GIA school officials. This requirement is based on GIA's review of the latest conditions and developments around vaccination and boosters against the Coronavirus. Additionally, vaccinations are encouraged by federal, county, state and national public health officials..

Accepted documentation includes one of the following:

- CDC Vaccination Card
- CA Digital COVID-19 Vaccine Record
- World Health Organization Yellow Book
- Official documentation from a medical provider

Students who choose not to obtain vaccines for medical or religious reasons may request an exemption by submitting the COVID vaccination exemption form. Approval of the exemption is not guaranteed, and students who do not obtain the approval will forfeit their seat in class. The completed exemption request form must be submitted and approved prior to arrival on campus. GIA requires up to ten business days to review and approve exemption requests.

NOTE: International students may not travel to the United States until they have the I-20MN and the applicable nonimmigrant student visa stamp (M-1) in their passport. Students from Canada or Bermuda must have the applicable M-1 visa status. Please see [Carlsbad Catalog](#) or [New York Catalog](#) for additional information on nonimmigrant visa requirements. As per the [Student and Exchange Visitor Information System \(SEVIS\)](#) guidelines, students on M-1 visa cannot arrive in the U.S. more than 30-days from the program start date indicated on the I-20.

Thank you for your understanding and cooperation,

GIA Education Management



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Supplemental Documents:

- Request for Medical Exemption from COVID-19 Vaccination Form
- Request for Religious Exemption from COVID-19 Vaccine (Personal Statement) Form
- Request for Religious Exemption from COVID-19 Vaccine (Religious Organization Statement) Form



Request for Medical Exemption from COVID-19 Vaccination Form

Student Name:

Course/Program of Study:

Student Number:

Course or Program Start Date:

Campus: Carlsbad, CA New York, NY

Method of Study: On Campus Lab Class Student Workroom

As a requirement of enrollment, effective August 19, 2021, in New York and September 1, 2021, in Carlsbad, all students must be [fully vaccinated](#) for COVID-19. Students may request a medical or religious exemption from COVID-19 vaccination:

- A medical exemption may be granted upon receipt of a completed form (below) not more than six months old, signed and certified by a licensed healthcare provider, and whose specialty is appropriate to the associated condition. Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner that permits vaccination. The assigned expiration is at the sole determination of GIA.
- A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. GIA is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith pertaining to immunization practice.

Individuals with an approved exemption will be required to comply with GIA’s safety protocols, including but not limited to social distancing and wearing masks. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities for their protection until the outbreak is declared to be over.

The dean of students or the school director will review exemption requests, though approval is not guaranteed. After a request has been reviewed and processed, students will be notified in writing within ten business days of the outcome of their request. If the approved exemption contains an expiration, students will be expected to complete the requirement at that time. Should the condition continue, or a new vaccination contraindication occurs, or the current exemption expires, a new request with updated documentation is required. Decisions are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- **Complete the following page of this form**
- **If requesting a medical exemption, have your Licensed Health Care Provider complete the provider section of this form**
- **If requesting a religious exemption, complete the Personal Statement Form below and have your religious leader complete the Religious Organization Statement Form**
- **Submit the completed documents**

Note: Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.



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Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirements due to my current medical condition . I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from GIA to the required vaccination.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with additional COVID-19 safety protocols and other preventive guidance issued by GIA.
	I understand that I may be temporarily excluded from GIA facilities and approved in the event of an outbreak or threatened outbreak. I agree to comply with these restrictions and accept responsibility for communicating with instructors and school officials as appropriate to allow compliance with health and safety requirements for unvaccinated individuals. I further understand that restrictions from GIA facilities, including but not limited to classes, do not entitle me to any reduction in tuition or other fees.
	Should I contract COVID-19, I will immediately report it to GIA by contacting the Dean of Students at deanstudents@gia.edu in Carlsbad or School Director at nyedudirector@gia.edu in New York and comply with all isolation and quarantine procedures specified by GIA.
	I understand that this exemption will expire when the medical condition(s) contraindicating vaccination changes in a manner that permits vaccination.
	I understand and agree to comply with and abide by all GIA COVID-19 policies and procedures.
	I understand that this exemption is only valid for the approved period, and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption.
	I authorize my licensed health care provider to provide GIA with medical information about my medical exemption for the COVID-19 vaccination.
	I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked, and I may be subject to GIA disciplinary action if any false information has been used to request an exemption.

Printed Name: _____

Signature: _____

Date: _____

Email: _____

Phone Number: _____

Attention Health Care Provider:

GIA requires that all students receive a COVID-19 vaccination. Students may request a medical exemption from this vaccination requirement. A medical exemption may be allowed for certain recognized contraindications.

Please certify below the medical reason that your patient should not be immunized for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed by a confidential committee in consideration of the exemption request.

Certification

I certify that _____ (patient name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at GIA.

Provider Information

Medical Provider Name: _____
Medical Provider Specialty: _____
Signature: _____
Provider License Number: _____
Date: _____
Name of Provider Company: _____
Address: _____
Email: _____
Phone Number: _____

Patient Information

Patient Name: _____
Date: _____

Request for Religious Exemption from COVID-19 Vaccine

Personal Statement Form

Name: _____

In the space below, please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: _____

Signature: _____

Date: _____

Request for Religious Exemption from COVID-19 Vaccine

Religious Organization Statement Form

Name of Observant: _____

Name of Religious Organization: _____

Religious Organization Address: _____

Email: _____

Name of Religious Leader and Title: _____

For Religious Leader:

In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs, which are contrary to the practice of vaccination or use of the COVID-19 vaccination. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: _____

Signature: _____

Date: _____