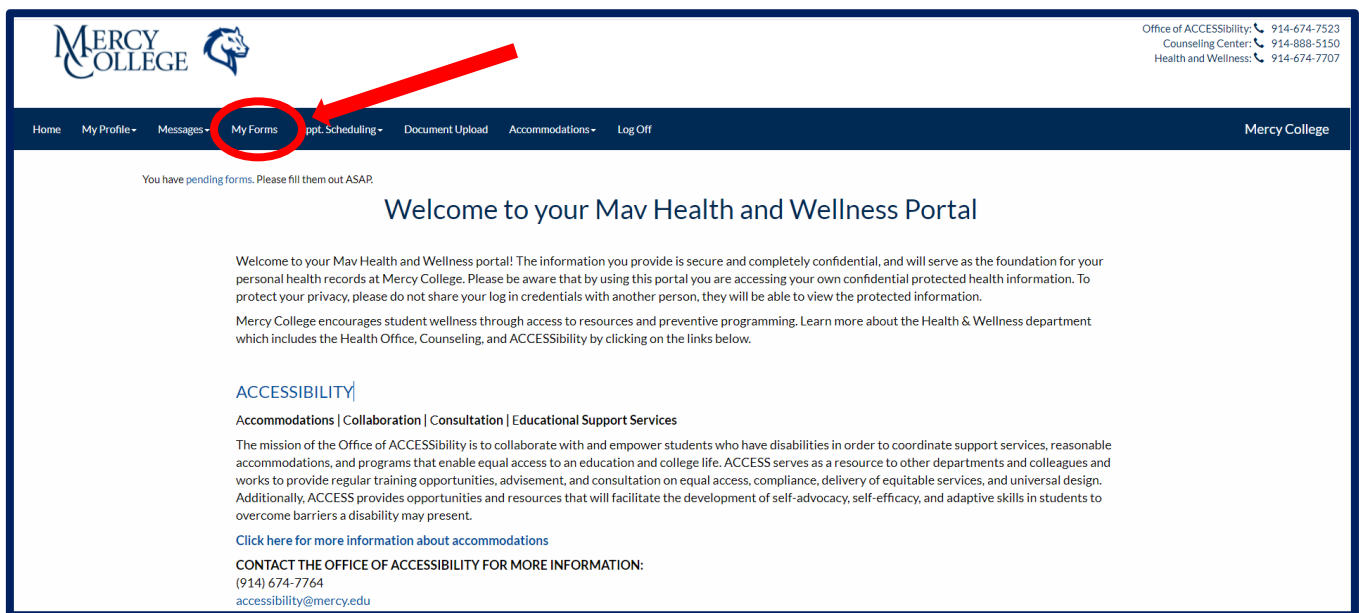




Thank you for your continued cooperation in keeping Mercy College healthy. All employees are asked to submit proof of vaccination or confirmation that they have chosen not to receive the COVID-19 vaccine. This will be done through the College's HIPAA compliant student *Mav Health and Wellness Portal*.

Below are instructions for accessing and submitting your proof of vaccination (i.e, vaccination card or NYS Excelsior Pass) or reasons for declining the vaccination.

1. Log in to the Mav Health and Wellness Portal:
<https://mercy.studenthealthportal.com/>
2. Click on “My Forms” located in the top panel





3. Select Form – COVID-19 Vaccination Intake Questionnaire

My Forms
The following forms need to be completed.

Form Name	Form Type	Appointment Date
Counseling-Authorization for Release of Information	Administrative	N.A.
COVID-19 Vaccination Intake Questionnaire	Immunization	N.A.
Drop In Hours Consent Form- Counseling Center	Administrative	N.A.
Drop In Hours Consent Form- Counseling Center	Administrative	N.A.
Drop In Hours Consent Form- Counseling Center	Administrative	N.A.
Emergency Contacts	Administrative	N.A.
Health Office AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION	Administrative	N.A.
New Student Consent Form- Counseling Center	Administrative	N.A.
Notice of Offer for HIV Testing	Appointment	N.A.
Student Health History Form	Health History	N.A.

4. Please chose from the applicable manufacturer and enter the date(s) you received your vaccination(s).

Please provide the date(s) you received your COVID-19 vaccinations. You may choose from the applicable manufacturers. If the vaccine you received is not listed, please enter as "other". You will be contacted by the Health Center if the unlisted vaccine is not Emergency Use accepted. You must provide the dates as well as upload a copy of your vaccination card before submitting this form. Thank you.

COVID-19 Pfizer Dose #1 Vaccine Date	<input type="text"/>
COVID-19 Pfizer Dose #2 Vaccine Date	<input type="text"/>
COVID-19 Moderna Dose #1 Vaccine Date	<input type="text"/>
COVID-19 Moderna Dose #2 Vaccine Date	<input type="text"/>
COVID-19 Janssen (Johnson & Johnson) Vaccine Date	<input type="text"/>
COVID-19 NOS 'other' (1 dose vaccine) Vaccine Date	<input type="text"/>
COVID-19 NOS 'other' (2 dose vaccine) Dose #1 Vaccine Date	<input type="text"/>
COVID-19 NOS 'other' (2 dose vaccine) #2 Vaccine Date	<input type="text"/>

Please only enter date(s) once vaccination(s) have been fully completed.

Please submit vaccination proof once vaccination(s) are fully completed.



5. After entering date(s), please select option “Yes” for the statement “I am fully vaccinated from COVID-19” and upload your vaccination card below

PLEASE UPLOAD PROOF OF VACCINATION BELOW (ie Vaccination Card).

I am fully vaccinated from COVID-19

PLEASE UPLOAD YOUR PROOF OF VACCINATION

6. If you are not vaccinated and are answering “No” to the statement “I am fully vaccinated from COVID-19”, please select one of the following reasons.

If No, please check off one of the following reasons:

I am awaiting a second shot or for the completion of the two weeks after the final shot.

Medical/disability

Sincerely held spiritual or religious belief, practice, or observance

Personal belief or other

Please Note: If you check “I am awaiting a second shot...”, please submit your vaccination card once you have completed your second shot.

7. If you have completed the form, and, if applicable, uploaded your vaccination card, please hit “Submit”. If you are waiting to submit your vaccination card after receiving a second dose, please hit “Complete Later”.

I hereby agree that, regardless of my vaccination status, I will be required to adhere to the College's current COVID-19 Employee Guide and Policies for Maintaining a Safe Workplace, and all other relevant COVID-19 policies and guides as may be implemented and updated in accordance with relevant local, state and federal guidelines and orders. I understand that if I am not fully vaccinated and am required to come to campus or affiliated locations, I may be required to adhere to additional safety requirements, including but not limited to, continued mask-wearing and social distancing, and mandatory regular surveillance testing. There may also be some limitations around the ability to attend certain in-person events or activities. I also acknowledge that as a member of the Mercy College community, I shall respect any and all individuals who wear a mask, regardless of whether they may or may not be vaccinated.

8. For those who have completed the form, you will receive an immediate popup-confirmation notice. You will not be receiving an email confirmation.