

Vaccination Verification for CUNY Employees

1. Log into CUNYfirst and click on the Vaccination Verification link within the CUNYfirst Menu.



2. The Vaccine Verification page will have the Vaccine Verification Program description, a link to the University's Guidelines, and several selections, depending on your role and affiliation. Select the radio button next to the choice that applies to you.





Vaccination/Vaccination & Booster Entry

- 1. Select the vaccination type that you've received from the Vaccination Type dropdown menu.
- 2. Input the date when you received the vaccine dose that resulted in your full vaccination.

Vaccination Status				
I am fully vaccin:	ated as per this definition:			
 2 weeks have passed since receiving my second dose in a 2-dose series OR 2 weeks have passed since receiving my single-dose vaccine. 				
○ I am not fully vac	cinated <u>OR</u> I do not wish to disclose my vaccination st	atus.		
	Ac	d Booster		
*Vaccination Information	n			
Vaccination Type	Pfizer	~		
Vaccination Date	01/10/2021 🛐 Date you received your last vaccir	AstraZeneca/Oxford AstraZeneca/SII Covidshield Johnson and Johnson - Janssen Moderna Pfizer		
		Sinopharm Sinovac-CoronaVac		

3. If you have received a booster dose, click the **Add Booster** button and fill out the information for your booster dose in the fields below.

	Add	Booster Delete Booster
	Ad	d Booster
*Vaccination Information		
Vaccination Type	Pfizer 🗸	
Vaccination Date	01/10/2021 🛐 Date you received your last vaccin	e dose to become fully vaccinated.
		¥
Vaccination Type	Pfizer Booster 1	J&J Booster 1 Moderna Booster 1
Vaccination Date	01/04/2022 🛐	Pfizer Booster 1



4. If you have a valid New York State Excelsior Pass, click the checkmark in the NYS Excelsior Pass Information section and fill in the information below. The information entered has to match the information you provided to Excelsior exactly in order to accurately verify your vaccination record. Note: Excelsior information will not be used to update any information in CUNYfirst.

NYS Excels	NYS Excelsior Pass Information			
I ha info hea	I have a valid NYS Excelsior Pass and consent to the NYS Department of Health's sharing and verifying information with the City University of New York for the purpose of supporting CUNY's policy to protect the health and safety of its employees and students. For more information on NYS Excelsior Pass click <u>here</u> .			
lf se for l	elected, please enter the information you pro Excelsior verification and will not update CUN	vided in the Exce NYfirst.	lsior App. This information will only be used	
Last Name	Arnie	Date of Birth	10/21/1987	
First Name	Sam	Zip Code	10204	
Telephone 646/555-5333				
*Please atta	ch copy of your Covid-19 Vaccination Record	d and NYS Excels	sior Pass below.	

5. Upload your Vaccination Record and NYS Excelsior Pass (if available) in the Supporting Documents section. Select document type from the dropdown menu and click the Upload button to upload a document from your computer. Click View to review your uploaded file before submission. If your vaccination record and booster record are on separate cards, make sure to upload both documents.

Supporti	ing Documents			
Please	select a vaccination document type to upload.			
		j 🖾	First 🗖 1	of 1 🔟 Last
Nber	*Vaccination document	Attached File	Upload	
-	Covid-19 Vaccination Record		- Upload	+ 1

uppor	ang Documents		
Please	select a vaccination document type to u	upload.	
		، 🖿 🖓 I	First 🚺 1-2 of 2 🚺 La
Nber	*Vaccination document	Attached File	View
1	Covid-19 Vaccination Record	Sample_CDC_Card.jpg	→ <u>View</u> + 🗍
2	NYS Excelsior Pass	Sam s Pass.pdf	View 🕈 🗍



- 6. As a final step, click the checkmark in the **Attestation** section to confirm that you have read and agreed to the terms and conditions of the University vaccination policy.
- 7. Click the **Submit** button.

T icase	e read and respond by checking the boxes
	By agreeing to the terms and conditions of the University vaccination <u>policy</u> below, I hereby certify that the SARS-CoV-2 (COVID-19) vaccine information I have voluntarily provided to The City University of New York is to the best of my knowledge and belief accurate and I further certify that that the documentation I have provided/attached/uploaded is a true copy or facsimile of my original Covid-19 Vaccine Health Record/Document/Form/Letter provided to me at the time of my vaccines. I acknowledge that I am submitting this information and documentation at the request of The City University of New York and in support of the University's policies and responsibility to protect the health, safety, and welfare of the CUNY community, its students, faculty and staff.

8. You will see a confirmation pop-up window. Click **OK** to submit.

Message
Once submitted you will not be able to modify the data. Do you want to submit? (20010,834)
OK Cancel

9. Once submitted, you will see a pop-up message that your information has been successfully submitted. You will also see status fields will appear at the top of the page to display Submitted - HR for the Covid-19 Vaccination Record and Pending for the Excelsior submission. You may return to this page to view your approval status at any time.

Message	
Your information has been successfully submitted. If you have any questions or need to make any corrections, pleas /coronavirus/faqs/ for FAQs and guidance.	se visit https://www.cuny.edu
ок	
Approval Submitted - HR	Excelsior Pending
Vaccination Status	
I am fully vaccinated as per this definition:	
 2 weeks have passed since receiving my second dose in a 2-dose series OR 2 weeks have passed since receiving my single-dose vaccine. 	



Booster Only Entry

- 1. If your vaccination information has been approved in the system, you will see your existing record/s on the **Vaccine Verification Program** page. You can view your records by clicking the **View** link.
- 2. Click the Add New Record button to add your booster dose.

SARS-CoV-2(COV	/ID-19) Vac	cine Verification	Program		
Vaccine Options	Record No.	<u>Created</u>	Admin Status	View	Edit
1 Vaccinated	1	08/09/2021 8:23:04PM	Approved	View	Edit
Add New Record					

- 3. Click the I am fully vaccinated... radio button.
- 4. Select your booster Vaccination Type and Vaccination Date in the fields generated below.

Vaccination Status				
I am fully vaccinated as per this definition:				
 2 weeks have passed since receiving my second dose in a 2-dose series OR 2 weeks have passed since receiving my single-dose vaccine. 				
O I am not fully vaccinated OR I do not wish to disclose my vaccination	status.			
*Vaccination Information	M N			
Vaccination Information Vaccination Type Moderna Booster 1 Vaccination Date 01/04/2022 Date you received your last vaccin				

5. Continue from Step 4 on Page 3.



Remote Work Agreement

Note: The following process is only available to certain roles and affiliations, subject to change. Please check with your HR for the most up-to-date information.

1. If you have already submitted a remote work agreement in the past, click the **Add New Record** button to begin a new record.

SARS	S-CoV-2(COVIE)-19) Vaco	cine Verification I	Program		
Vac	cine Options	Record No.	Created	Admin Status	View	Edit
1 Rer	mote Agreement	1	08/18/2021 11:58:21AM	Approved	View	Edit

- 2. Select the I am not fully vaccinated... radio button.
- 3. Select the accurate response to the question in the Fully (100%) Remote Work Agreement section.

Vaccin	ation Status
0	I am fully vaccinated as per this definition:
	 2 weeks have passed since receiving my second dose in a 2-dose series OR 2 weeks have passed since receiving my single-dose vaccine.
	I am not fully vaccinated OR I do not wish to disclose my vaccination status.
Fully (1	100%) Remote Work Agreement
Do y	ou have an approved Fully 100% Remote Work Accommodation agreement for post August 16, 2021?
0	Yes
0	No
0	No, submitted not approved yet

4. If you select **Yes**, please enter the expiration date of the agreement.

Fully (100%) Remote Work Agreement		
Do you have an approved Fully 100% Remote Work Accommodation agreement for post August 16, 2021?		
Yes 11/16/2021 B End Date for 100% Remote Agreement.		
○ No		
igodoldoldoldoldoldoldoldoldoldoldoldoldol		

5. Upload your Remote Work Agreement Documentation in the **Supporting Documentation** section by clicking the **Upload** button and selecting a document from your computer.

\$ Supporting Documents				
Please select a vaccination document type to upload.				
*Vaccination document	Attached File	<u>Upload</u>		
Remote Work Agreement Documer 🗸	\rightarrow	Upload	+	Î

- 6. You can click View to review your uploaded file before submission.
- 7. Click the **Submit** button.

Supporting Documents			
Please select a vaccination document type to upload.			
*Vaccination document	Attached File	<u>View</u>	
Remote Work Agreement Document	Remote_Work_Agreement.pdf	<u>View</u>	Î
Save Draft Submit			

8. Once submitted, you will see a pop-up message that your information has been successfully submitted. You will also see status fields will appear at the top of the page to display Submitted - HR for the Covid-19 Vaccination Record and Pending for the Excelsior submission. You may return to this page to view your approval status at any time or to upload additional remote work agreements or vaccination records.

Message
Your information has been successfully submitted. If you have any questions or need to make any corrections, please visit https://www.cuny.edu /coronavirus/faqs/ for FAQs and guidance.
Approval Submitted - HR Excelsion Pending
Vaccination Status
I am fully vaccinated as per this definition:
 2 weeks have passed since receiving my second dose in a 2-dose series OR 2 weeks have passed since receiving my single-dose vaccine.



Medical and Religious Exemptions

Note: The following process is only available to certain roles and affiliations, subject to change. Please check with your HR for the most up-to-date information.

1. If you have submitted a remote work agreement in the past, click the **Add New Record** button to begin a new record. If not, continue to step 2.



2. Select your status from the list of available options. Keep in mind, these options are determined by your role and affiliation.



3. Depending on which option you select, the remainder of the page will generate below the Vaccination Status section. Please have your paperwork scanned/photographed to a .PDF or .JPG file and ready to attach to this entry.

COVID-19 Vaccine Medical Exemption Request Form

Request for Religious Exception COVID-19 Vaccine Form



X

 Fill out the textbox in the top section – Medical Reason Comment along with the Medical Exemption End Date field for the Medical Exemption section, or the Religious Reason Comment for the Religious Exception section.

Medical Exemption			
Medical Reason Comment		×.	
Medical Ex	kemption End Date		

Religous Exception		
Religious Reason Comment		

5. Scroll down to the **Supporting Documents** section and click the **Upload** link to attach your filled out paperwork and any additional documentation.

Click the green "Add Row" icon to add ro	ws for additional do	ocumentation.		<u>Help</u>
Supporting Documents			Choose File No file cho	isen
Please select a vaccination document type to upload. File types allowed: BMP, DOC, DOCX, GIF, JPEG, PAGES, PDF and PNG. Max size: 5MB			Upload Cancel	
<u>*Vaccination document</u>	Attached File	<u>Upload</u>		
Medical Exemption		Upload 🤌 🕴	t û	

 Confirm that you have read the Attestation by checking off the checkbox. Click Submit to submit your entry. You can also click Save Draft to save the information you have filled out and come back to submit at a later time.

Attestation
 Please read and respond by checking the box By agreeing to the terms and conditions of the University vaccination <u>policy</u> below, I hereby certify that the SARS-CoV-2 (COVID-19) vaccine information I have voluntarily provided to The City University of New York is to the best of my knowledge and belief accurate and I further certify that the documentation I have provided/attached/uploaded is a true copy or facsimile of my original Covid-19 Vaccine Health Record/Document/Form/Letter provided to me at the time of my vaccines. I acknowledge that I am submitting this information and documentation at the request of The City University of New York and in support of the University's policies and responsibility to protect the health, safety, and welfare of the CUNY community, its students, faculty and staff.
Save Draft Submit Return to selection