

STUDENT HEALTH SERVICES

Accredited by the Accreditation Association for Ambulatory Health Care, Inc.
1250 Bellflower Boulevard Long Beach, California 90840 Fax: (562) 985-1644

MEDICAL EXEMPTION REQUEST FORM

Full Name of Student: _____ Phone #: _____

Student's Campus ID: _____

Student's Date of Birth: _____

I, _____ (Name of licensed, board-certified MD, DO, PA, NP) have reviewed the CSU immunization requirements and hereby certify that the above-named student has a medical condition that contraindicates their vaccination with the following vaccine(s):

_____ MMR _____ Meningitis _____ Tdap (pertussis)
_____ Hepatitis B _____ Varicella (chicken pox) Other: _____

The physical condition of the person, or medical circumstances relating to the person, are such that immunization is not considered safe. The specific nature of the medical condition or circumstances that contraindicate immunization with this vaccine(s) are indicated below.

REQUIRED: Description of contraindication:

This contraindication is ☐ Permanent or ☐ Temporary.

If temporary: The expiration date of the exemption for this vaccine is: _____

Signature of Medical Provider: _____ Date: _____ Medical License Number & State/Country of Issue: _____

Practice Address: _____ Provider Phone Number & Email: _____

Disclaimer: Medical exemptions are evaluated on a case-by-case basis. Medical records may be requested by SHS for review prior to granting a medical exemption.

In active infectious disease outbreak situations, I, _____ (print students name), may not be allowed to come to campus OR I may have to leave the residence halls OR be required to quarantine per public health and university guidelines. I understand these situations will be determined on a case-by-case basis, and in consultation with state and local public health officials.

Medical Practice Stamp

Students: Please email completed forms to shs-vaccine@csulb.edu or return in person to CSULB Student Health Services.