



Request for Medical Exemption from Immunization Requirements

Student Name: _____ CSUSM Student ID#: _____

Date of Birth: _____

Per CSU's Immunization Requirement Policy, a student may be exempted from receiving a required immunization due to a medical exemption, which is a medical condition for which an Approved Vaccine presents a significant risk of a serious adverse reaction. Any Medical Exemption must be verified by a certified or licensed healthcare professional.

This form is to certify that the above-named individual is medically exempt from receiving the following immunizations:

- Measles, Mumps, and Rubella (MMR) Hepatitis B (Hep B) Meningococcal Conjugate (MenACWY)

Medical condition that presents a significant risk of serious adverse reaction:

Brief Description of Condition, Including Date of Onset (attach additional pages if necessary):

Condition is: Permanent Temporary - Expiration Date (within 12 months): _____
Student will need to resubmit a medical exemption request after the listed date if extension is requested.

**Verification of Certified or Licensed Healthcare Professional:
By signing below,**

- I certify that the statements and information contained in this form are true, accurate, and complete.
- I certify that the approved vaccine for the above checked immunizations presents a significant risk of a serious adverse reaction to the above named student.

Provider Name: _____ MD/DO/NP/PA License Number: _____

Business Address: _____ Telephone Number: _____

Provider Signature: _____ Date: _____

STUDENT ATTESTATION AND SIGNATURE:

I hereby attest that all information provided herein is accurate and complete.

Student Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to student: _____

Parent/Guardian Signature: _____ Date: _____