California State University
SAN MARCOS

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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)

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 necessary.

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 maned 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: _____

CSUSM OFFICE USE ONLY

☐ Approved Provider Signature:_____ Date: _____

☐ Denied Comments:_____