

MEDICAL EXEMPTION REQUEST FORM

Full Name of Student: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

SJSU ID#: \_\_\_\_\_ Student's Phone Number: \_\_\_\_\_

**To be completed by healthcare provider:**

I, \_\_\_\_\_ (Name of a certified or licensed healthcare professional) have reviewed the CSU Covid-19 Vaccination Interim Policy for Covid-19 vaccination and hereby certify that the above named student has a medical condition that contraindicates their vaccination with the following vaccine(s):

☐ Covid-19 Vaccine

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 are indicated below:

**REQUIRED:**

---

---

---

---

---

This contraindication is: ☐ Permanent or ☐ Temporary

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

Signature/Clinic Stamp of 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 SHC for review prior to granting a medical exemption.

In active infectious disease outbreak situations, I \_\_\_\_\_ (print student name), may not be allowed to come to campus. I understand these situations will be determined on a case by case basis in consultation with state and local public health officials.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students: Please upload completed form to Student patient portal