

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 abovenamed 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. The medical exemption is effective for University Campus participation ONLY and will NOT be accepted for clinic training sites (i.e. hospitals which is a training site for SBN program). Individuals must follow the policy of the location where training is being held.

I _____ (print student name) understand that I am requesting for an exemption from COVID-19 vaccination due to medical reasons. I agree to participate in the University's COVID-19 testing protocols based on COVID-19 Community Level data received from the Centers for Disease Control and Prevention (CDC) and will submit submit weekly PCR test results when testing is required.

I agree to review <https://www.sjsu.edu/medical/covid19/covid-testing.php> to familiarize myself with testing protocols guidance. I understand that when testing is required and I fail to comply after a week's notice, I will be subject to review and action under the Student Code of Conduct.

Student Signature: _____

Date: _____

Note: International students requesting a temporary exemption for 10 days from US arrival for COVID-19 booster due to vaccine availability or eligibility in their international country must provide reason and medical provider signature and include date of arrival in the US.

Arrival date in the US: _____

Students: Please upload completed medical exemption request form to Student Wellness Center online portal. Only SJSU medical exemption request form is acceptable.