SJSU SAN JOSÉ STATE UNIVERSITY

San Jose State University Student Health Center

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):

☐ Hepatitis B ☐ Mumps, Measles & Rubella ☐ Meningococcal conjugate

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. Students: Please upload form to Student Wellness Center patient portal

I _____ (print student name) understand that I am requesting for an exemption from the above selected vaccination due to medical reasons.

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

I understand that I will be subject to review and action under the Student Code of Conduct for failure to comply with health safety measures.