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**MEDICAL EXEMPTION REQUEST FORM**

**Full Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Bronco ID:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

I, \_\_\_\_\_ (Print name of licensed, board certified MD, DO, PA, NP) have reviewed the CSU immunization requirements and hereby certify that the above-named student has a medical condition that contraindicates their vaccination with the following vaccines:

- |                                     |                                      |  |
|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Covid-19   | <input type="checkbox"/> MMR         | <input type="checkbox"/> Tdap (Pertussis)        |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella (Chicken Pox) |

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 contraindicates immunization with these vaccines(s) are indicated below.

**REQUIRED - Description of contraindications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These contraindications is  Permanent or  Temporary

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

<b>Clinic Stamp</b>	Medical Provider Signature: _____
	Print Name: _____
	License Number: _____
	Date: _____

**Disclaimer:** Medical exemptions are evaluated on a case-by-case basis. Medical records may be requested by SHS for review prior to granting a medical exemption.

<p>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.</p> <p>Student Signature: _____ Date: _____</p>
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**All students who were enrolled BEFORE Fall 2020**

Log into MyHealthPortal, enter your birthday (MM/DD/YYYY) to verify your identity, go to MESSAGES section on the left, you will see a drop-down box, pick the option that says "Immunizations", type in "Medical Exemption Form" in the message box and attach image of entire form to the message and send.

<https://www.cpp.edu/health/my-health-portal.shtml>

**All students who were enrolled ON or AFTER Fall 2020:**

Please upload as Immunization Record by using the My Health Portal:  
<https://myhealthportal.cpp.edu/clearances.aspx>.

**PLEASE BE SURE YOU SIGNED WHERE IT SAYS, "STUDENT SIGNATURE"**

Revised 6/2021