



MEDICAL EXEMPTION REQUEST

Full Name of Student: _____ Date of Birth: _____

Bronco ID: _____ Phone #: _____

MEDICAL EXEMPTION REQUEST

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:

- MMR (Measles, Mumps, & Rubella) Varicella (Chicken Pox) Tdap (Pertussis)
- Meningococcal Conjugate Hepatitis B Other _____

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: _____

Clinic Stamp

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.

STUDENT ACKNOWLEDGEMENT: I understand the risks of refusing to be vaccinated based on my medical exemption/religious beliefs. I understand the risk of contracting diseases that vaccines prevent, and I also understand the risk of transmitting the disease to others. I understand that, if an infectious disease outbreak occurs, an exempt student may not be allowed to come to campus or 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/guidelines.

Student Signature: _____ Date: _____

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.

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

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

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