



# CSU Bakersfield

Student Affairs

Student Health Services

Mail Stop: 28 HC  
9001 Stockdale Highway  
Bakersfield, California 93311-1022  
(661) 654-2394  
(661) 654-3301 FAX  
[www.csub.edu/healthcenter](http://www.csub.edu/healthcenter)

## MEDICAL EXEMPTION REQUEST FORM

Please return to CSUB Student Health Services upon completion

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

CSUB ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (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 vaccine(s):

- MMR    TDAP (Pertussis)    Meningitis    Varicella (Chickenpox)    Hepatitis B

The physical condition of the student, or medical circumstances relating to the student, are such that immunization is not considered safe. The specific nature of the medical condition or circumstances that contraindicate immunization with this vaccine(s) are indicated below.

### Description of Contraindication:

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

This contraindication is  Permanent or  Temporary

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

Signature of Medical Provider	Date	Medical License Number and State/Country of Issue	
Practice Address	City	State	Zip
Provider Phone Number	Provider Email		

**DISCLAIMER:** Medical exemptions are evaluated on a case-by-case basis. Medical records may be requested by CSUB Student Health Services for review prior to granting a medical exemption.

In active infections disease outbreak situations, I, \_\_\_\_\_ (print student's 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, in consultation with state and local public health officials.

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