CALIFORNIA STATE UNIVERSITY, LONG BEACH STUDENT HEALTH SERVICES

Accredited by the Accreditation Association for Ambulatory Health Care, Inc. 1250 Bellflower Boulevard Long Beach, California 90840 Fax: (562) 985-1644

MEDICAL EXEMPTION REQUEST FORM

Full Name of Student:		Phone #:	
Student's Campus ID:			
Student's Date of Birth:			
has a medical condition that con MMR	ntraindicates t Mening	f licensed, board-certified MD, DO, PA, NP) have and hereby certify that the above-named stude eir vaccination with the following vaccine(s): Tdap (pertussis) (chicken pox) Other:	
The physical co Tc -0			
	on date of the	exemption for this vaccine is:	
Signature of Medical Provider:	Date:	Medical License Number & State/Country of Is	sue:
Practice Address:		Provider Phone Number & Email:	
		lluated on a case-by-case basis. Medica view prior to granting a medical exemption	
In active infectious disease outbreak situations, I,		tions, I, (print students nam	ıe),
required to quarantine per p	public health	R I may have to leave the residence halls OR to and university guidelines. I understand these -case basis, and in consultation with state and	

Medical Practice Stamp

Students: Please email completed forms to shs-vaccine@csulb.edu or return in person to CSULB Student Health Services.