

# University of California Medical Exemption Request Form

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO • SANTA BARBARA • SANTA CRUZ



Full Name:

SID/Employee ID:

Date of Birth:

I, \_\_\_\_\_ [ Name of licensed MD, DO, PA, NP] have reviewed the University of California Immunization Exemption Policy, and hereby certify that:

The above-named person has a medical condition or contraindication to receiving the following vaccine(s):

**For STUDENTS:**

	MMR	Meningococcal conjugate	Tdap/DTap
	Varicella	COVID-19	Other

Please check the appropriate box and list below either:

- A)  The applicable contraindications or precautions are recognized by the CDC, CDPH, or in the case of internationally administered vaccines, WHO.
- B)  The applicable manufacturer's vaccine insert contraindication to this vaccine\*, or
- C)  The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances\* that contraindicate immunization with this vaccine\*

**\*REQUIRED: Description of contraindication:**

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

This contraindication is:    Permanent or    Temporary: Expiration date of exemption \_\_\_\_\_

**D)** I certify that the patient listed above has a Disability that makes COVID vaccination inadvisable in my professional opinion.

**\*\*REQUIRED: Description of contraindication**

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

This contraindication is:    Permanent or    Temporary: Expiration date of exemption \_\_\_\_\_

**E)** I am pregnant and I am requesting a deferral to the COVID-19 vaccine requirement. My anticipated due date is:

\_\_\_\_\_  
 Signature of Licensed Healthcare Provider

\_\_\_\_\_  
 Date

Office Stamp  
(REQUIRED)

\_\_\_\_\_  
 Printed name of Healthcare Provider

\_\_\_\_\_  
 MD/DO/PA/NP

Medical License Number\*:

**Once this form is filled out completely and signed by a healthcare provider, please upload to your campus' student health Patient Portal.**

\*Required