



SAN DIEGO STATE UNIVERSITY

SDSU HEALTH SERVICES
5500 CAMPANILE DRIVE
SAN DIEGO, CA 92184-4701
IMMUNIZATION MEDICAL EXEMPTION

PRINTED NAME: \_\_\_\_\_

RED ID: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Exemption Due to Physical Condition or Medical Circumstance

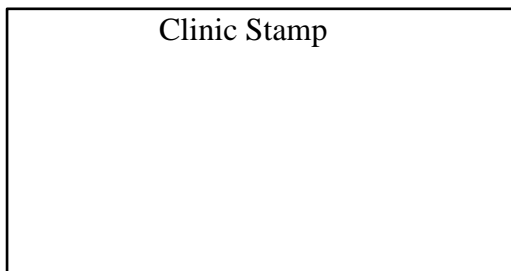
I certify that the patient has a physical condition or medical circumstance such that immunization otherwise required for admission to San Diego State Univeristy is not considered safe. I understand that, for the protection of the patient and other students, the patient may be excluded from attending school for prolonged periods during outbreaks or exposure to disease for which immunization has not been completed.

Immunizations Included in Exemption:

Table with 2 columns: Immunization and Duration of physical condition or medical circumstance. Rows include MMR, Hepatitis B, Varicella, Meningococcal conjugate, Meningococcal B, and Tdap.

Comments or additional information:

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



Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Date: \_\_\_\_\_

\*Form must be completed by a licensed Physician, Nurse Practitioner or Physician's Assistant