



CAL POLY
Campus Health & Wellbeing

Cal Poly State University
Campus Health & Wellbeing
One Grand Ave, San Luis Obispo, CA 93407-0210
Phone: 805-756-1211; Fax 805-756-5298

Medical Exemption to Immunizations Policy

Beginning Fall 2023, California Polytechnic State University new enrollees ages 18 and younger are required to provide proof of Hepatitis immunization per Executive Order 803. Additional immunization requirements (MMR, Meningococcal B, Meningococcal conjugate, Tdap, and Varicella) are required for students living in campus housing, participating in intercollegiate athletics, and/or traveling internationally. Details about immunization requirements can be reviewed at <https://chw.calpoly.edu/health/immunizations>.

California Polytechnic State University allows for medical exemptions to immunization requirements based on a medical condition that is a contraindication to immunization(s). Please refer to the CDC website for contraindications and precautions to immunizations <https://www.cdc.gov/vaccines/hcp/admin/screening.html>.

Completion and submission of the Medical Exemption to Immunizations Form is required to be eligible for exemption. Medical exemption requests require form completion and signatures by both the student and the licensed medical provider. A written statement by the licensed medical provider about the medical condition for which the vaccine(s) is contraindicated or unsafe is required. If the information provided is incomplete or ambiguous, the exemption request may be denied.



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Medical Exemption to Immunizations Form

Student Full Name (Print):	Date of Birth:
Email:	Phone number:

Section I: Student Acknowledgement

I request immunization exemption(s) due to my medical condition(s).

I have reviewed the California Polytechnic University immunization exemption policy.

I have read and understand the university immunization requirements and the potential risks associated with not completing required immunizations.

I acknowledge that I can contact Campus Health & Wellbeing for additional information regarding these requirements.

I understand that Cal Poly will ask me to comply with any non-pharmaceutical interventions applicable to my circumstances based on public health conditions at the university. The non-pharmaceutical interventions are defined by California and San Luis Obispo Public Health, Environmental Health and Safety, and/or infection prevention authorities.

Student Signature: _____

Date: _____

Section II: Licensed Medical Provider to Complete

I, (Print Provider Full Name) _____ (DO, MD, NP, PA), have reviewed the California Polytechnic University immunization exemption policy, and hereby certify that the above-named student has a medical condition(s) for which the following vaccine(s) are contraindicated or unsafe:

☐ Hepatitis B

REQUIRED: Description of the medical condition for which Hepatitis B vaccine is contraindicated or unsafe.

☐ Measles, Mumps and Rubella (MMR)

REQUIRED: Description of the medical condition for which MMR vaccine is contraindicated or unsafe.

☐ Meningococcal Conjugate

REQUIRED: Description of the medical condition for which Meningococcal Conjugate vaccine is contraindicated or unsafe.

☐ Meningococcal B

REQUIRED: Description of the medical condition for which Meningococcal B vaccine is contraindicated or unsafe.

☐ Tetanus, Diphtheria and Pertussis (Tdap)

REQUIRED: Description of the medical condition for which Tdap vaccine is contraindicated or unsafe.

☐ Varicella

REQUIRED: Description of the medical condition for which Varicella vaccine is contraindicated or unsafe.

Medical Provider Signature: _____ Date: _____

Medical License Number: _____ State/Country of Issue: _____

Address: _____ Phone: _____

For Use by Campus Health & Wellbeing Staff Only

☐ Approved

☐ Denied

Signature: _____

Date: _____

Submit forms to Campus Health & Wellbeing. Refer to <https://chw.calpoly.edu/health/immunizations> for instructions.