



Requests for Medical Exemptions to Vaccination

California Polytechnic State University allows for exemptions to immunization requirements based on a medical condition that is a contraindication to vaccination for the following vaccines: **MMR** (measles, mumps, and rubella), **Varicella** (chickenpox), **Tdap**-(tetanus, diphtheria, and pertussis), **Meningococcal conjugate** (Serogroups A, C, Y, & W-135), **Meningococcal B** and **Hepatitis B** for certain groups of students. Requests for exemptions for non-medical reasons will be denied and are not eligible for appeal.

A list of established medical contraindications to vaccination can be found on the Centers for Disease Control and Prevention (CDC) website for Guide to Contraindications at: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications-vacc.htm>. Contraindications can also be found on the package insert of each vaccine. Medical exemption requests must be documented on the Medical Exemption Request Form and submitted by the student to Cal Poly Campus Health & Wellbeing.

ALL EXEMPTION REQUESTS MUST INCLUDE THE FOLLOWING INFORMATION:

- 1) The specific vaccine(s) for which the exemption is/are requested
- 2) A written statement by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA)], including at least one of the following for any vaccine(s) for which an exemption is requested:
 - a. The applicable CDC contraindication for the vaccine(s), **or**
 - b. The applicable contraindication found in the manufacturer's package insert for the vaccine(s), **or**
 - c. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine(s)
- 3) Whether or not the duration of the exemption is permanent or temporary for any vaccine(s) and, if temporary, the expiration date of the exemption for each vaccine
- 4) Alternatively, proof of documentation of positive antibody titers to any of the above vaccinations, at levels which indicate immunity to disease, may be used to satisfy the immunization requirements or to appeal the immunization requirement for that vaccine.

All forms must be signed by a licensed, treating medical provider (MD, DO, NP, or PA) and include the practice location address, telephone number, signing provider's license number, and state or country (if outside the U.S.) where the licensed medical provider practices.

Requests for medical exemptions will be reviewed by Cal Poly Campus Health & Wellbeing for appropriateness. Requests for exemption will be approved if the Medical Exemption Request Form requirements 1-3 or 4 are met for each vaccine for which an exemption is requested. If information supplied is ambiguous or insufficient, attempts will be made at the local campus level to contact the clinician who submitted documentation to clarify the exemption request documentation. If insufficient clarification or information is provided, the exemption request may be denied at the local campus level.

Please submit the Immunization Exemption Request Form via the "Health and Counseling Portal" within the MyCalPoly portal.