The
Preuss
School
UC San Diego

Dr. Helen V. Griffith
Executive Director

Student Immunization Exemption Request Form

Full Name: _______________________________ Date of Birth: ______________________

Part A: Request for Exception Based on Medical Exemption

The above-named person has a medical condition that contraindicates their vaccination with the COVID-19 Vaccine.

Please check the appropriate box to indicate the reason for the medical exemption request:

□ The applicable CDC contraindication or precaution to this/these vaccine(s)*, or

□ The applicable manufacturer's vaccine insert contraindication or precaution to this/these vaccine(s)*, or *

The contraindication and/or precaution is:

- ☐ **Permanent**
- ☐ **Temporary,**

the expected end date is:_______________

***REQUIRED description of contraindication:**

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I, _______________________________________ [Name of licensed MD, DO, PA, NP] have reviewed the University of California Immunization Exemption Policy, and hereby certify the above.

____

Signature of Licensed Healthcare Provider

____

Printed Name of Healthcare Provider / License No

. ________________________

Date

____

MD/DO/PA/NP

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Parent Signature