



Medical Exemption Request Form

Name: _____ CWID: _____

I am requesting a **medical exemption** from the CSU's COVID-19 Vaccination Interim Policy due to a medical (including mental health) condition for which an approved vaccine presents a significant risk of a serious adverse reaction.

I confirm that the information provided on this form and/or attached to this form is accurate and truthful to the best of my knowledge. I also understand that dishonesty may be subject to discipline up to and including expulsion under the Student Conduct Code, as outlined in [CSU Executive Order 1098 Student Conduct Procedures \(for students\)](#), or to discipline up to and including termination under California Education Code Section 89535 (for employees).

Signature: _____ Date: _____

Please check one:

- My medical provider is completing this form below.
- My medical provider is providing me with a separate letter containing all required information for this request. I will attach the letter to this form to complete my request.

Note: The remainder of this form must be completed by a certified or licensed healthcare professional.

Medical Provider Certification of Condition

I certify that my patient _____ (*Print Student or Employee Name*) has a medical (including mental health) condition for which an approved vaccine presents a significant risk of a serious adverse reaction.

I understand that in the event of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease, the California Department of Public Health, the Orange County Health Care Agency, the California State University and/or California State University, Fullerton may order this student's or employee's exclusion or restriction from any California State University, Fullerton location and/or program, for their own protection and/or the protection of others, until the risk has been deemed to have passed.

Medical Provider Signature: _____ Date: _____

Medical Provider Name: _____ License No. _____

Business Street Address: _____

City: _____ State: _____ Zip Code: _____



Instructions for Submitting Exemption Form

- Complete and sign the Medical Exemption Request Form. Save the form to your electronic device.
- If your medical provider did not complete the Medical Provider Certification of Condition of the Medical Exemption Request form, you will be required to also submit the following:
 - A letter written and signed by a certified or licensed healthcare professional stating the medical (including mental health) condition for which an approved vaccine presents a significant risk of a serious adverse reaction. The letter must be written on official organization letterhead, and include your name and date of birth as well as the medical provider's name, title and license number.
- Upload your Medical Exemption Request Form and supporting documentation (if applicable) to the [Titan Health Online Portal](#). You will need to DUO authenticate.
- Select "Medical Clearances" on the left navigation panel.
- Covid-19 Vaccine Exemption Request instructions are near the top of the screen. For more detailed instructions use the "[How to Upload your COVID-19 Exemption Form](#)" user guide.
- Select "Update" for the "COVID-19 Vaccination" clearance.
- Status updates available under "Medical Clearances" & Secure "Messages" available through the Health Portal. The "Messages" link is also located on left navigation panel.
- Allow 5-7 business days for processing & verification.
- REMINDER: Those requesting exemptions must test weekly at the Titans Return Mass Testing Site on campus. For scheduling instructions, please visit our "[How to Schedule a COVID-19 testing Appointment](#)" page.