

VACCINATION EXEMPTION FORM

This form is to be completed by a **licensed medical provider (MD, DO, PA, NP)**. The provider or the student may mail, fax, or send as attachment via the Caltech Student Health Portal via secure message (students only), thank you.

MEDICAL PROVIDER INFORMATION			
Provider Name			
License #		Expiration Date	
State of Licensure		Country of Licensure	
Practice Address			
Phone Number		Email Address	
STUDENT INFORMATION			
Student Name			
Date of Birth		Caltech UID	
MEDICAL PROVIDER'S CONSULTATION REGARDING THE STUDENT			
Medical Condition:			
Vaccine Name(s) (for exemption)			
Please check the appropriate box(es) and explicate in the box provided below:			
<input type="checkbox"/> The applicable CDC contraindication to this vaccine, or <input type="checkbox"/> The applicable manufacturer's vaccine insert contraindication to this vaccine, or <input type="checkbox"/> The physical condition of the person or medical circumstances relating to the person that are such that – immunization is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with this vaccine.			
Description of Contraindication (*REQUIRED*)			
Is this contraindication permanent or temporary? (Please choose one.)			<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
By signing this form, I hereby certify that the above-named student has a medical condition that contraindicates his/her/their vaccination with the vaccine(s).			
Provider Signature			Date