

**California State University  
COVID-19 Vaccination Exemption Declaration Form**

The California State University (CSU) requires that all individuals who access a CSU Campus and/or Program, including students and employees, receive an Approved COVID-19 Vaccine as identified in the [COVID-19 Vaccination Interim Policy](#).

A student or employee may be excused from the vaccine requirement for the following reasons:

- Due to a medical (including mental health) condition for which an Approved Vaccine presents a significant risk of a serious reaction.
- Due to their religious or other comparable belief.

A student or employee who believes they are eligible for exemption from the vaccine requirement must complete this COVID-19 Vaccination Exemption Declaration Form. Depending on the nature of the exemption being requested, a Medical Exemption Certification Form or a Religious Exemption Attestation Form will also be required.

EMPLOYEE INFORMATION	
Employee Name	Campus
Employee ID	College or Department
Employee E-mail Address	Employee Phone

**COVID-19 Vaccination Exemption Declaration**

- I declare that I qualify for a medical exemption and have not received an Approved COVID-19 Vaccine, nor do I plan to. I understand that I may be expected to provide supporting documentation to this effect immediately upon request.
- I declare that I qualify for a religious exemption and have not received and Approved COVID-19 Vaccine, nor do I plan to. I understand that I may be expected to provide supporting documentation to this effect immediately upon request.

By signing below, I verify the truth and accuracy of the statement in this form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## California State University Medical Exemption Certification Form

The California State University (CSU) requires that all individuals who access a CSU Campus and/or Program, including students and employees, receive an Approved COVID-19 Vaccine as identified in the [COVID-19 Vaccination Interim Policy](#).

A student or employee may be excused from the vaccine requirement due to a medical (including mental health) condition for which an Approved Vaccine presents a significant risk of a serious adverse reaction. Any medical Exemption must be verified by a certified or licensed healthcare professional.

Students and employees may use this form to serve as documentation from a certified or licensed healthcare professional to support their declaration.

### **Instructions:**

A Health Care Provider must complete this form to certify that the patient, CSU student or employee, qualifies for medical exemption from receiving an Approved COVID-19 Vaccine.

***Do not identify the patient's diagnosis, disability, or other medical information as this document must be returned to the University.***

Please note: The Genetic Information Nondiscrimination Act of 2008 (GINA) applies to all employees. The GINA prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we ask you NOT to provide any genetic information when responding to this request for medical information. "Genetic Information", as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by and individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

**California State University  
Medical Exemption Certification Form**

<b>EMPLOYEE INFORMATION</b>	
Employee Name	Campus
Employee ID	College or Department
Employee E-mail Address	Employee Phone

<b>HEALTH CARE PROVIDER CERTIFICATION</b>	
Health Care Provider Name	License Type, # and Issuing State
Health Care Provider E-mail Address	Health Care Provider Phone

By signing below, I certify that using any of the currently available COVID-19 vaccines is inadvisable for this patient in my professional opinion.

The expected duration of this patient's inability to receive the vaccine is:

- Temporary; through \_\_\_\_\_
- Unknown; further evaluation is necessary by \_\_\_\_\_
- Permanent

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date