UNIVERSITY OF Redlands

2020 - 2021

Immunization Exemption Form

Required for all students who wish to waive out of the required immunizations
Return form to the

Student Health Center
health_center@redlands.edu ● 1200 E. Colton Ave. Redlands, CA. 92373-0999
Telephone: (909) 748-8021 ● Fax: (909) 335-5117

Student Information:

Name: _____ **Student ID:** _____

Student Cell #: _____ **Date of Birth:** _____

The University of Redlands' immunization requirements are based on the recommendations from the Center for Disease Control and Prevention (CDC) as well as the California Department of Public Health. Pursuant to SB 277, exemptions from required vaccinations are no longer available based on "personal beliefs" (personal beliefs include, but are not limited to religious beliefs); the only recognized exemptions are for medical reasons certified by a licensed physician.

Exemption Due to Physical Condition or Medical Circumstance

I certify that the child has a physical condition or medical circumstance such that immunization otherwise required for admission to school is not considered safe. I understand that, for the protection of the child and other students, the child may be excluded from attending school for prolong periods during outbreaks or exposure to disease for which immunization has not been completed.

Immunizations Included in Exemption:

Immunization	Duration of physical condition or medical circumstance	
❑ Polio	❑ Temporary until date : _____	❑ Permanent
❑ DTaP	❑ Temporary until date : _____	❑ Permanent
❑ MMR	❑ Temporary until date : _____	❑ Permanent
❑ HIB	❑ Temporary until date : _____	❑ Permanent
❑ Hepatitis B	❑ Temporary until date : _____	❑ Permanent
❑ Varicella	❑ Temporary until date : _____	❑ Permanent
❑ Tdap	❑ Temporary until date : _____	❑ Permanent
❑ Meningococcal	❑ Temporary until date : _____	❑ Permanent

Comments or additional information:

_____

_____

_____

Health Care Provider Signature

Health Care Provider's Name (please print) _____

Address: _____
Street City State Zip code

Telephone: **(** **)** _____

Signature: _____ Date: _____

Revised 04/21/2020