
STUDENT HEALTH SERVICES

Accredited by the Accreditation Association for Ambulatory Health Care, Inc.
1250 Bellflower Boulevard Long Beach, California 90840 Fax: (562) 985-1644

Full Name of Student

with _____ or medical circumstances relating to the person, are such that
_____ considered safe. The specific nature of the medical condition or circumstances
_____ization with this vaccine(s) are indicated below.

This contraindication is Permanent or Temporary.

If temporary: The expiration date of the exemption for this vaccine is: