

MEDICAL EXEMPTION FORM



INSTRUCTIONS:

1. Print this form
2. Complete all fields in the Medical and/or Conscientious Exemption sections
3. Return the form to CSP

BY EMAIL:

Incoming/new students – email: admissions@csp.edu
Returning/current students – email: gthompson@csp.edu

OR BY MAIL:

Concordia University, 1282 Concordia Avenue, St. Paul MN
Incoming/new students – Attn: **Office of Admissions**
Returning/current students – Attn: **Gwynn Thompson**

STUDENT NAME: _____

CSP ID: L _____

MEDICAL EXEMPTION

The student named above does not have one or more of the required immunizations because he/she has (Check all that apply):

- Documentation of a confirmed (as opposed to self-report) diagnosis of _____ disease(s) in his/her health history.
- a medical condition that contraindicates receiving the _____ vaccine(s). (contraindicating condition is _____).
- has had a blood titer test on _____, which indicates immunity against _____ (MM/DD/YYYY)

Physician signature _____ Date _____

CONSCIENTIOUS EXEMPTION

A notarized statement that having immunizations are against the student's religious beliefs.

I hereby certify that being immunized against _____ is against my religious beliefs.

Student signature _____ Date _____

Subscribed and sworn before me on the _____ day of _____ 20____

Signature of Notary _____ Official Stamp _____