Immunization Exemption Form

Please indicate to which immunization requirement you are requesting an exemption:

Board of Governors Policy 1.2.110 regarding

_____ Measles, 
_____ Mumps, and/or
_____ Rubella

RSMo. 174.335 on-campus resident requirement regarding

_____ Meningococcal disease

Please indicate your reason for requesting this exception:

_____ Exemption for Medical Reasons (Supporting documentation signed by your healthcare provider explaining the medical necessity for exemption is required. Please note that for medical exemptions to the meningococcal vaccine requirement, supporting documentation must be signed by a physician licensed in Missouri.)

_____ Exemption for Religious or Philosophical Reasons (Written documentation demonstrating that immunization violates your religious or philosophical beliefs is required.)

____________________
Printed Employee/Student Name

700#

____________________
Employee/Student Signature

Date

____________________
Parent/Guardian Printed Name and Signature (if student is under 18 years old)

Date

Rest of form to be completed by University Health Center staff and copy supplied to student/employee

□ Waiver Granted □ Waiver Denied

Restrictions on Waiver (such as temporary nature):

______________________________

Medical Director Signature: ________________________________

Date: ____________________________

Bring, Mail, or Fax to the University Health Center:

BRING or MAIL TO: University Health Center, 600 S. College, Warrensburg, MO 64093  FAX TO: 660-543-8222

Updated March 2019