



Immunization Exemption Form

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

1. Board of Governors Policy 1.2.110 regarding

- _____ Measles,
- _____ Mumps, and/or
- _____ Rubella

2. 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: _____

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

uhc@ucmo.edu • University Health Center, 600 S. College, Warrensburg, MO 64093