Meningitis Waiver Form

Fax, Bring, or Mail to:
UCM Health Center
600 S. College, UHC 229
Warrensburg, MO 64093
PHONE: 660-543-4770
FAX: 660-543-8222
EMAIL: uhc@ucmo.edu

UNIVERSITY OF CENTRAL MISSOURI
LEARNING TO A GREATER DEGREE

Name: _____Date of Birth: _____
LAST FIRST MI MM/DD/YYYY

700 #: _____ Home/Cell Phone: (_____) _____

Medical Exemption

Missouri State Law 754 section 174.335 require all students who reside in on-campus housing at a public institution of higher education to have received the meningococcal vaccine unless a signed statement of medical or religious exemption is on file with the institution's administration. A medical exemption requires a signed certification by a physician licensed to practice in Missouri indicating that the immunization would seriously endanger the student's health or life or the student has documentation of the disease or laboratory evidence of immunity to the disease.
Comments:

_____ _____ _____
Printed Name of Physician Signature of Physician Signature Date

Physician's Address:_____

City/State/Zip Code:_____

Phone Number:_____

Religious Exemption

After consulting my healthcare provider, University Health Center, or local or state health department, I understand the risks of not being vaccinated for meningococcal disease.

A. To be completed by student 18 years of age or older:

I do not choose to get the meningococcal vaccine at this time, due to my religious beliefs.

Signature: _____ Date: _____

B. For students under the age of 18:

As the parent or legal guardian, I do not want this student to get the meningococcal vaccine at this time, due to our religious beliefs.
Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____Date: _____