



# 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@uco.edu](mailto:uhc@uco.edu) • University Health Center, 600 S. College, Warrensburg, MO 64093