

TRUMAN STATE UNIVERSITY STUDENT HEALTH CENTER

MENINGOCOCCAL VACCINATION WAIVER FORM

Name:	Date of Birth:		
LAST	FIRST	MI	MM/DD/YYYY
BANNER (Student ID):		Home/Cell Phone: ()
	Medical E	xemption	
Missouri State Law 754 section 174.335 higher education to have received the is on file with the institution's administr practice in Missouri indicating that the documentation of the disease or laboration.	meningococcal vaccine ation. A medical exemp immunization would ser	unless a signed statement of tion requires a signed certifica iously endanger the student's	medical or religious exemption ation by a physician licensed to
Comments:			
PRINTED NAME OF PHYSICIAN	SIGNA	TURE OF PHYSICIAN	SIGNATURE DATE
Physicians' Address:			
City/State/Zip Code:			
Phone Number:			
	Religious E	Exemption	
After consulting my healthcare provide not being vaccinated for meningococa			rtment, I understand the risks o
A. To be completed by student 18 year	rs of age or older:		
I do not choose to get the meningocoo	cal vaccine at this time,	due to my religious beliefs.	
Signature:		Date:	·
B. For students under the age of 18:			
As the parent of a legal guardian, I do religious beliefs.	not want this student to	get the meningococcal vaccir	ne at this time, due to our
Printed Name of Parent/Legal Guardian:		Date:	
Signature of Parent/Legal Guardian:		Date:	

Fax, bring or mail this form to:

Truman State University Student Health Center 100 E. Normal Ave. Kirksville, MO 63501-4221

Phone: (660) 785-4182 Fax: (660) 785-4011

E-mail: pjohnson@truman.edu