Meningococcal Vaccination Waiver Form

Medical Exemption

Missouri State Law 754 section 174.335 requires 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

Physicians’ Address: _______________________________________________________________________________________

City/State/Zip Code: _______________________________________________________________________________________

Phone Number: ___________________________________________________________________________________________

Religious Exemption

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

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 of a 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: ___________________________________________ 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