

Meningococcal Vaccination Policy Compliance Form

This is an application process for an immunization waiver. After completion it will be reviewed by the campus health officer and you will be notified on your health portal of the decision. You may be required to present for a personal interview. The review process may take 3-5 working days. You will have a right to appeal any decision with the Dean of Student Office.

Egpgvt u'ht 'F kgcug'E qvt qn'EF E+y gdukg-j wr <ly y y 0f e0 qx kceelpgulj er kkuhk/ucvgo gpvub gplpi 0 vo r0O kuqwt K' Fgrct vo gpv'qhJ genj '0pf 'Ugpkqt 'Ugt xlegulj wr <lj genj 0 qf qx kklpi ly gmpguulo o wpl cvkqpur f hO EXHcevUj gg0f h

Student Information:

Name: Last	First	M.	Student number	Date of Birth
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Section 1 For students who have received the vaccine

I have received a meningococcal vaccine after my 16th birthday. A copy of the required documentation is attached.

Printed name of student: _____

Signature of student: _____ Date: _____

Section 2 Waivers (complete part A or B)

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

I am 18 years of age or older. The University of Missouri has provided me information explaining the risks of meningococcal disease and the effectiveness and availability of the vaccine. I understand that Missouri law Section 174.335 requires all students who reside in on-campus housing to have received the meningococcal conjugate vaccine unless a signed statement of medical or religious exemption is on file with the institution's administration.

A student shall be exempt from the immunization requirement for one of two reasons:

- 1) Upon signed certification by a licensed physician, indicating that either 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.
- 2) If the student objects in writing to the institution's administration that immunization violates his or her religious beliefs.

Please submit the exemption request documentation with this completed form.

Printed name of student: _____

Signature of student: _____ Date: _____

Signature of campus official: _____ Date: _____

B. For students under the age of 18

I am the parent or legal guardian of _____. The University of Missouri has provided me information explaining the risks of meningococcal disease and I am aware of the effectiveness and availability of the vaccine. I understand that Missouri law Section 174.335 requires all students who reside in on-campus housing to have received the meningococcal conjugate vaccine unless a signed statement of medical or religious exemption is on file with the institution's administration.

A student shall be exempt from the immunization requirement for one of two reasons:

- 1) Upon signed certification by a licensed physician, indicating that either 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.
- 2) If the student objects in writing to the institution's administration that immunization violates his or her religious beliefs.

Please submit the exemption request documentation with this completed form.

Printed name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Signature of campus official: _____ Date: _____

Return completed form to: GHI XYbh<YUH 'GYfj JWg' - %\$ 'K '%\$H 'GH' Fc`LEAC`*) (\$- Phone: (573) 341-4284 Email: mstshs@mst.edu

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