University of Missouri – Columbia
MMR Immunization Waiver Form

The following information is to be completed by authorized Student Health Center officials. (See back of this form for list.)

The above student has applied for exemption from complying with the University of Missouri – Columbia MMR Immunization Policy on the following basis:

_____ Permanent immunity from documented measles (rubeola) disease and mumps disease (attach medical records).
_____ Measles (rubeola), mumps and rubella immunity demonstrated by titer. (attach copy of lab reports).

Permanent Waiver: These students will be required to leave campus in the event of a measles outbreak.

_____ Medical: Please attach supporting documentation. (See back of form for details.)
   _____ History of anaphylactic reaction to neomycin and/or gelatin.
   _____ Immunosuppression or immunodeficiency (congenital immunodeficiency, symptomatic HIV infection, leukemia patients not in remission and/or receiving chemotherapy, lymphoma, generalized malignancy, therapy with alkylating agents, antimetabolites, radiation, or large doses of corticosteroids, i.e. ≥ 20 mg prednisone per day).
   _____ History of thrombocytopenic purpura or thrombocytopenia occurring within 6 weeks after receipt of measles-containing vaccine.

Other

_____ Religious or Philosophic: Please attach written request for waiver from student containing all information needed to evaluate waiver. (See back of form for details.)

Temporary Waiver: Any waiver in this category will be effective for no more than one semester. The student must then comply with the 2 dose MMR Immunization policy to register for the following semester or to be reevaluated for further waivers.

These students will be required to leave campus in the event of a measles outbreak.

_____ Currently pregnant or expecting to become pregnant within the next 3 months. (Breast feeding is not a contraindication). Due date must be confirmed by attached medical provider’s note.
_____ Receipt of antibody-containing blood product. Length of delay depends on type of product received; e.g. immune globulin, whole blood or packed red blood cells, intravenous immune globulin.
   _____ Moderate to severe acute illness and/or febrile illness.

Other

Date to replace hold

____________________________________________________________________

Student Health Official Signature/Title ____________________________ Date Completed ______________

____________________________________________________________________

Student Signature ____________________________ Date ______________
Information Needed to Evaluate MMR Immunization Waivers

Religious/Philosophic Waiver

A typed or legibly written document must be submitted which includes the following components:

1. **Demographic information:**
   name, student number and date of birth

2. **Affiliation with a religious group, church or other organization:**
   If applicable, name the group and describe the belief held by the group as related to immunizations.

3. Personal belief or position written by the *student* (not a parent or church, group leader).

4. **Vaccination history:**
   List all past immunizations received and attach a copy of records.

5. If the student has past immunizations, include a statement explaining why immunizations were received at that time but will not be accepted at this time.

6. Statement of understanding that the student will be required to leave campus if a measles outbreak occurs.

7. We request that you have a Rubeola titer drawn. Then, your immunization status is known for certain. If it shows adequate immunity, you would meet the requirement and would not have to leave campus during an outbreak.

Medical Waiver

A typed or legibly written statement must be submitted which includes the following components:

1. **Demographic information:**
   name, student number and date of birth

2. Diagnosis

3. Past and current treatments

4. Letter or a statement from the student’s doctor requesting an exemption from the MMR Immunization Policy.

5. Statement of understanding that the student will be required to leave campus if a measles outbreak occurs.

Authorized Student Health Center Officials

1. Director

2. Nursing Supervisor

3. Prevention Office Nurses