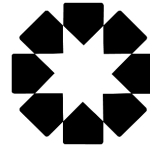


Name: _____ Date of Birth: _____



**Complete
Family Medicine**
A service of Hannibal Regional

Meningococcal Immunization Policy Compliance Form

Please return this form and any necessary documentation to the Truman's Student Health Center via email at studenthealth@truman.edu or via fax at 660-785-4011. For additional information on the Meningococcal vaccine, see <https://www.cdc.gov/vaccines/vpd/mening/index.html>. For any questions related to the form, please call the Student Health Center at 660-785-4182. Upon review of the complete form and any necessary documentation, you will be notified of approval.

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. Truman State University 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 Student Health Center.

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 Student Health Center that immunization violates his or her religious beliefs.

Printed name of student: _____

Signature of student: _____ Date: _____

B. For students under the age of 18

I am the parent or legal guardian of _____. Truman State University 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 Student Health Center.

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 Student Health Center that immunization violates his or her religious beliefs.

Printed name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____