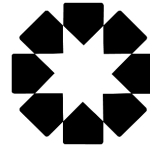


Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



**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](mailto: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: \_\_\_\_\_

# Information Needed to Evaluate MMR Immunization Waivers

## Medical Waiver

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

1. Demographic information including name, student number and date of birth
2. Letter or a statement from the student's doctor requesting an exemption from the MMR Immunization Policy based on one of the following reasons:
  - 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.  $\geq 20$  mg prednisone per day).
  - History of thrombocytopenic purpura or thrombocytopenia occurring within 6 weeks after receipt of measles-containing vaccine.
3. Documentation of previous immunizations received (include a copy of records).
4. Statement of understanding that the student will be required to leave campus if a measles or mumps outbreak occurs.

## Religious Waiver

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

1. Demographic information including name, student number and date of birth
2. Statement written by the student to the institution's administration that immunization violates his or her religious belief.
3. Documentation of previous immunizations received (include a copy of records).
4. Statement of understanding that the student will be required to leave campus if a measles or mumps outbreak occurs.

## **Truman State University Student Health Center**

### **Operated in Partnership by Complete Family Medicine, a Service of Hannibal Regional**

100 E Normal St, McKinney Building

Kirksville, MO 63501

Phone: 660-785-4182

Fax: 660-785-4011

studenthealth@truman.edu

<http://www.cfmcares.com>