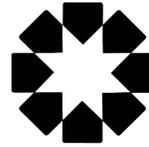
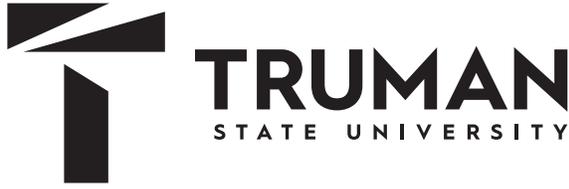


Name: _____ Date of Birth: _____



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

MMR 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 MMR immunizations, see <https://www.cdc.gov/vaccines/vpd/mmr/public/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.

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

I request an exemption from Truman's 2-dose MMR Immunization Policy on the following basis:

___	Permanent immunity from documented measles (rubeola), mumps and rubella disease (Attach records.)
___	Measles (rubeola), mumps and rubella immunity demonstrated by titer (Attach copy of lab reports.)
___	Permanent Medical Waiver (See instructions on page 2 and attach waiver request documentation with this completed form.)
___	Permanent Religious Waiver (See instructions on page 2 and attach waiver request documentation with this completed form.)
___	Temporary Waiver** for the following reason:
___	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:
**Any temporary waiver will be effective for no more than one semester. The student must then comply with the 2-dose MMR policy to register for the following semester or to be re-evaluated for further waivers.	

Printed name of student: _____

Signature of parent/guardian: _____ Date: _____

B. For students under the age of 18:

I am the parent or legal guardian of _____. I request an exemption from Truman's 2-dose MMR Immunization Policy on the basis identified above.

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. ≥ 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>