



TRUMAN STATE UNIVERSITY STUDENT HEALTH CENTER  
**MENINGOCOCCAL VACCINATION  
 WAIVER FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST FIRST MI MM/DD/YYYY

BANNER (Student ID): \_\_\_\_\_ Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Medical Exemption**

Missouri State Law 754 section 174.335 requires all students who reside in on-campus housing at a public institution of higher education to have received the meningococcal vaccine unless a signed statement of medical or religious exemption is on file with the institution's administration. A medical exemption requires a signed certification by a physician licensed to practice in Missouri indicating that the immunization would seriously endanger the student's health or life of the student has documentation of the disease or laboratory evidence of immunity to the disease.

Comments: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF PHYSICIAN SIGNATURE OF PHYSICIAN SIGNATURE DATE

Physicians' Address: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Religious Exemption**

After consulting my healthcare provider, Student Health Center, or local or state health department, I understand the risks of not being vaccinated for meningococcal disease. Initial: \_\_\_\_\_

**A. To be completed by student 18 years of age or older:**

I do not choose to get the meningococcal vaccine at this time, due to my religious beliefs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. For students under the age of 18:**

As the parent of a legal guardian, I do not want this student to get the meningococcal vaccine at this time, due to our religious beliefs.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax, bring or mail this form to:**  
 Truman State University Student Health Center  
 100 E. Normal Ave.  
 Kirksville, MO 63501-4221  
 Phone: (660) 785-4182  
 Fax: (660) 785-4011  
 E-mail: pjohnson@truman.edu