

University of **ŃÇÖÞÓ°Ô°**
Meningococcal Vaccination Policy Compliance Form

Please return this form and the necessary documentation to the appropriate campus address as listed below. For additional information on the meningococcal vaccine, see the following Centers for Disease Control (CDC) website: <http://www.cdc.gov/vaccines/hcp/vis/fis-statements/mening.html>. If you do not have web access you may contact your campus for information.

Student Information:

Name: Last	First	M.	Student number	Date of Birth
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Section 1 For students who have received the vaccine

I have received a meningococcal vaccine after my 16th birthday. A copy of the required documentation is attached.

Printed name of student: _____

Signature of student: _____ Date: _____

Section 2 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. The University of **ŃÇÖÞÓ°Ô°** has provided me information explaining the risks of meningococcal disease and the effectiveness and availability of the vaccine. I understand that **ŃÇÖÞÓ°Ô°** 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 institution's administration.

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 institution's administration that immunization violates his or her religious beliefs.

Please submit the exemption request documentation with this completed form.

Printed name of student: _____

Signature of student: _____ Date: _____

Signature of campus official: _____ Date: _____

B. For students under the age of 18

I am the parent or legal guardian of _____. The University of **ŃÇÖÞÓ°Ô°** 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 **ŃÇÖÞÓ°Ô°** 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 institution's administration.

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 institution's administration that immunization violates his or her religious beliefs.

Please submit the exemption request documentation with this completed form.

Printed name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Signature of campus official: _____ Date: _____

Return completed form to one of the following campus addresses.

Columbia Campus
 Student Health Center
 1020 Hitt Street
 Columbia, MO 65201
 Fax: (573) 884-8902
 Phone: (573) 882-4661
 Email: immunizations@health.missouri.edu
www.studenthealth.missouri.edu

Kansas City Campus
 UMKC Residential Life Office
 5051 Oak Street
 Kansas City, MO 64110
 Phone: (816) 235-8840
www.umkc.edu/housing/

Rolla Campus
 Student Health Services
 910 West 10th Street
 Rolla, MO 65409
 Phone: (573) 341-4284
 Email: mstshs@mst.edu
<http://campus.mst.edu/studenthealth/>

St Louis Campus
 University Health Services
 One University Blvd.
 131 Millennium Student Center
 St. Louis MO 63121-4499
 Fax: (314) 516-5988
 Phone: (314) 516-5671
<http://www.umsl.edu/services/health/>