

# 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 Missouri has provided me information explaining the risks of meningococcal disease, 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 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 Missouri 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 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](mailto:immunizations@health.missouri.edu)

**Kansas City Campus**  
 UMKC Residential Life Office  
 5051 Oak Street  
 Kansas City, MO 64110  
 Phone: (816) 235-8840

**Rolla Campus**  
 Student Health Services  
 910 West 10th Street  
 Rolla, MO 65409  
 Phone: (573) 341-4284

**St Louis Campus**  
 Health Services  
 One Millennium Student Center Blvd.  
 131 Millennium Student Center  
 St. Louis MO 63121-4499  
 Fax: (314) 516-5988  
 Phone: (314) 516-5671