

Northwest Missouri State University
Meningococcal Vaccination Policy Compliance Form

Please return this form and all necessary documentation to University Wellness Services. Meningococcal Vaccination Policy Compliance is **REQUIRED**, and must be completed **PRIOR** to moving into your on-campus housing. Students who are non-compliant **WILL NOT BE ALLOWED TO LIVE ON CAMPUS** until compliance is met.

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.

It is Wellness Services' requirement that you **receive the meningococcal vaccine (or a booster dose) at age 16 or older**, and submit records to Wellness Services. By signing below:

- You are requesting exemption to this policy based on medical or religious reasons (select reason below).
- You acknowledge and understand that exemption subject to the approval of Wellness Services leadership.
- You understand Missouri law Section 174.335, as well as the risks of meningococcal disease and the effectiveness and availability of the vaccine.
- You understand that supporting documentation **MUST BE** attached to this form.
- You acknowledge and understand that you are not allowed into your on-campus housing until compliance is met.
- *You understand that you may be asked to leave campus, without any financial reimbursement from the University, if an outbreak of meningococcal disease occurs.*

Please indicate your reason for signing this waiver form:

_____ **Exemption for Medical Reasons**

- Supporting documentation signed by your healthcare provider explaining the medical necessity for exemption is required.

_____ **Exemption for Religious Reasons**

- Written documentation explaining how immunization to meningococcal disease violates your religious beliefs is required.

Student Name (please print)

919 #

Student Signature

Date

Parent/Guardian Signature (if student is under the age of 18)

Date

For Office Use Only:

Waiver Granted

Waiver Denied

Wellness Services Signature: _____

Date: _____