

# Missouri Western State University WAIVER REQUEST

If a campus outbreak of measles, mumps, rubella, pertussis or meningococcal disease occurs, students with waivers will be subject to exclusion from campus until the outbreak is over as declared by Missouri Department of Health and Senior Services or their designated agency.

► **MEDICAL WAIVER** Please refer to [www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf](http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf) for educational materials on meningococcal disease.

(Print name of student) \_\_\_\_\_ should be exempt from some or all of the pre-entrance immunization requirements required by MWSU campus housing students. Administration of the following immunizing agent(s) would be detrimental to this student's health.

List immunization(s): \_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does not apply to tuberculosis (TB) testing if required

► **RELIGIOUS WAIVER** Letter from clergy must accompany this waiver. Please refer to [www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf](http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf) for educational materials on meningococcal disease.

I, (print name) \_\_\_\_\_ wish to be exempt from the immunization requirements required by MWSU campus housing students because administration of immunizing agents conflicts with my religious beliefs. I release the State of Missouri, Missouri Western State University and their agents and employees from any responsibility for any impairment of my health. I understand that this waiver does not apply to tuberculosis (TB) testing if required.

Student's Signature: \_\_\_\_\_ G#: \_\_\_\_\_ Date: \_\_\_\_\_