

MENINGOCOCCAL VACCINATION REQUIREMENT

As mandated by section 174.335.1, RSMo, beginning with the 2004-05 school year and for each school year thereafter, every public institution of higher education in Missouri shall require all students who reside in on-campus housing to have received the meningococcal vaccine unless a signed statement of medical or religious exemption is on file with the institution's administration. A student shall be exempted from the immunization requirement of this section upon signed certification by a physician licensed under chapter 334 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. A student shall be exempted from the immunization requirement of this section if he or she objects in writing to the institution's administration that immunization violates his or her religious beliefs.

Student Information:

Complete this portion and Section 1 or Section 2 below (not both)

Student Name: _____ Date of Birth: _____

Student Id: _____ Social Security Number: _____

Section 1: Students who have received the vaccine

I have received the meningococcal vaccine, or have documentation of the disease or laboratory evidence of immunity to the disease. A copy of the required documentation of vaccination, disease or laboratory evidence is attached.

Printed name of student: _____

Signature of student: _____ Date: _____

Section 2: Waivers - Students who have NOT received the vaccine (complete part A or B)

A. Medical Waiver:

The above named student is exempt from receiving the meningococcal vaccine because the physical condition of the student would endanger their life or health or is medically contraindicated due to other medical conditions.

Physician/Physician's Designee Name (Print or Type): _____

Physician/Physician's

Designee Signature: _____ Date: _____

B. Religious Waiver:

I hereby decline the vaccination for meningococcal for reasons of my/our religious belief. Attach statement.

Printed name of student: _____

Signature of student: _____ Date: _____

Signature of Parent/Legal Guardian (Required if student is under 18 years of age):

_____ Date: _____

Mail or Email Completed Form To: **College Park, 112 Dixie Kohn Drive, Park Hills, MO 63601**
CollegePark@MineralArea.edu