

**UNIVERSITY OF MISSOURI – KANSAS CITY
RESIDENTIAL LIFE
IMMUNIZATION EXEMPTION FORM**

This is to certify that

I _____
Name of Resident (please print) Student I.D. Number

Object to receiving measles, mumps and/or rubella immunizations for the following reason (check one):

Medical* Philosophical/Religious** Unable to provide records**

Signature Date

Signature of Parent (required if student is under 18) Date

***FOR MEDICAL EXEMPTIONS ONLY**

A physicians' letter stating why student should be exempt from having MMR immunization must be attached to this form and returned. Please note that if student is not immuned, however, he/she must still vacate premises in event of disease outbreak.

Name of Physician (please print) Signature Date

**** UNABLE TO PROVIDE RECORDS or RELIGIOUS REASONS**

____ I understand that if there is a confirmed case of measles, mumps or rubella in the campus housing facility in which I live during the period that I am living there, because I have not provided proof of the MMR immunization, I may be forced to vacate, at my own expense, the premises for the duration of the period that measles, mumps or rubella is present.

Signature Date