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

Revised Feb. 19, 2004