

Name: _____
Student #: _____
Date of Birth: _____

## MMR Immunization Policy Compliance Form University of Missouri Student Health Center

Please return this form and any necessary documentation to the MU Student Health Center.

### A. To be completed by students 18 years of age or older

I request an exemption from the University of Missouri 2-dose MMR Immunization Policy on the following basis:

- \_\_\_\_\_ Permanent immunity from documented measles (rubeola), mumps and rubella disease (Attach records).
- \_\_\_\_\_ Measles (rubeola), mumps and rubella immunity demonstrated by titer. (Attach copy of lab reports).
- \_\_\_\_\_ Permanent Medical Waiver (See instructions on page 2 and attach waiver request documentation with this completed form)
- \_\_\_\_\_ Permanent Religious Waiver (See instructions on page 2 and attach waiver request documentation with this completed form)
- \_\_\_\_\_ Temporary Waiver\*\* for the following reason:
  - \_\_\_\_\_ Currently pregnant or expecting to become pregnant within the next 3 months. (Breast feeding is not a contraindication). Due date must be confirmed by attached medical provider's note.
  - \_\_\_\_\_ Receipt of antibody-containing blood product. (Length of delay depends on type of product received; e.g. immune globulin, whole blood or packed red blood cells, intravenous immune globulin.)
  - \_\_\_\_\_ Moderate to severe acute illness and/or febrile illness.
  - \_\_\_\_\_ Other \_\_\_\_\_

**\*\*Any temporary waiver will be effective for no more than one semester. The student must then comply with the 2-dose MMR policy to register for the following semester or to be reevaluated for further waivers.**

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student Health Official: \_\_\_\_\_ Date: \_\_\_\_\_

### B. For students under the age of 18

I am the parent or legal guardian of \_\_\_\_\_. I request an exemption from the University of Missouri 2-dose MMR Immunization Policy on the following basis:

- \_\_\_\_\_ Permanent immunity from documented measles (rubeola), mumps and rubella disease (Attach records).
- \_\_\_\_\_ Measles (rubeola), mumps and rubella immunity demonstrated by titer. (Attach copy of lab reports).
- \_\_\_\_\_ Permanent Medical Waiver (See instructions on page 2 and attach waiver request documentation with this completed form)
- \_\_\_\_\_ Permanent Religious Waiver (See instructions on page 2 and attach waiver request documentation with this completed form)
- \_\_\_\_\_ Temporary Waiver\*\* for the following reason:
  - \_\_\_\_\_ Currently pregnant or expecting to become pregnant within the next 3 months. (Breast-feeding is not a contraindication). Due date must be confirmed by attached medical provider's note.
  - \_\_\_\_\_ Receipt of antibody-containing blood product. (Length of delay depends on type of product received; e.g. immune globulin, whole blood or packed red blood cells, intravenous immune globulin.)
  - \_\_\_\_\_ Moderate to severe acute illness and/or febrile illness.
  - \_\_\_\_\_ Other \_\_\_\_\_

**\*\*Any temporary waiver will be effective for no more than one semester. The student must then comply with the 2 dose MMR policy to register for the following semester or to be reevaluated for further waivers.**

Printed name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student Health Official: \_\_\_\_\_ Date: \_\_\_\_\_

## **Information Needed to Evaluate MMR Immunization Waivers**

### **Medical Waiver**

A typed or legibly written statement must be submitted which includes the following components:

1. Demographic information including name, student number and date of birth
2. Letter or a statement from the student's doctor requesting an exemption from the MMR Immunization Policy based on one of the following reasons:
  - History of anaphylactic reaction to neomycin and/or gelatin.
  - Immunosuppression or immunodeficiency (congenital immunodeficiency, symptomatic HIV infection, leukemia patients not in remission and/or receiving chemotherapy, lymphoma, generalized malignancy, therapy with alkylating agents, antimetabolites, radiation, or large doses of corticosteroids, i.e.  $\geq 20$  mg prednisone per day).
  - History of thrombocytopenic purpura or thrombocytopenia occurring within 6 weeks after receipt of measles-containing vaccine.
3. Documentation of previous immunizations received (include a copy of records).
4. Statement of understanding that the student will be required to leave campus if a measles outbreak occurs.

### **Religious Waiver**

A typed or legibly written statement must be submitted which includes the following components:

1. Demographic information including name, student number and date of birth
2. Statement written by the student written to the institution's administration that immunization violates his or her religious belief.
3. Documentation of previous immunizations received (include a copy of records).
4. Statement of understanding that the student will be required to leave campus if a measles outbreak occurs.