



## MISSOURI WESTERN STATE COLLEGE

Esry Student Health Center  
4525 Downs Drive, Student Union 203  
St. Joseph, Missouri 64507  
Telephone (816) 271-4495 Fax (816) 271-4498

### EXEMPTION FROM IMMUNIZATION REQUIREMENTS

STUDENT NAME (Last, First, Middle)	Date of Birth	Social Security Number
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#### I request exemption from immunization requirements based on the following:

☐ **My religious/cultural beliefs prohibit immunizations.** (Indicate rationale and attach statement from clergy or other authority.)

☐ **I have a medical condition that precludes immunizations.** (Indicate rationale and attach statement from physician.)

SIGNATURE OF STUDENT	DATE SIGNED
SIGNATURE OF PARENT/GUARDIAN	DATE SIGNED