



CALVARY UNIVERSITY
Student Deans Department
15800 Calvary Rd.
Kansas City, Missouri 64147
Phone: (816) 322-5152 ext 1327

EXEMPTION FROM IMMUNIZATION REQUIREMENTS

STUDENT NAME (Last, First, Middle)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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Please Note: In the event of an outbreak, exempted persons will be subject to exclusion from campus.

I request exemption from immunization requirements based on the following:

My religious/cultural beliefs prohibit immunizations. (Indicate rationale.)

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