

**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 |
|------------------------------------|---------------|------------------------|

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 |