

Proof of Immunization & Immunization Exemption

Name: _____ Student ID: _____
First Middle Initial Last

IT IS AN ADMISSION REQUIREMENT OF ALL STUDENTS OF CALVARY UNIVERSITY TO SUBMIT THESE PROOF-OF-IMMUNIZATION RECORDS PRIOR TO REGISTRATION.

Please check one (1) of the following:

- ☐ I have received the required immunizations, am attaching one of the proofs of immunization*, and have completed the Proof of Immunization box below.
- ☐ I am applying for exemption from the required immunizations and have completed the Proof of Exemption box below.
- ☐ I am applying for exemption from some but not all of the required immunizations. I am attaching one of the proofs of immunization* and have completed both the Proof of Immunization and Proof of Exemption boxes below.

PROOF OF THE FOLLOWING IMMUNIZATIONS ARE REQUIRED FOR ADMISSION:

1. For all students born after 1956, verification of administration of a second MMR (measles, mumps, and rubella) immunization must be given. Please provide month, day, and year.

First MMR: _____ Second MMR: _____

2. For all students, verification of Td, DTP, or TDAP (tetanus/diphtheria/pertussis) vaccine. (MUST be within the last ten years) Please provide month, day, and year.

Td/DTP/TDAP: _____

3. For all students, verification of Meningococcal (Meningitis) vaccine. Please provide month, day, and year.

Meningococcal: _____

PROOF OF EXEMPTION FROM THE FOLLOWING IMMUNIZATIONS ARE REQUIRED FOR ADMISSION:

I understand that Calvary University requires the following vaccinations for admissions, and I am applying for an exemption from the following vaccinations based on medical or religious rationale (please attach rationale). For a medical condition precluding immunization, please also attach a statement from a physician.

☐ MMR

☐ Td/DTP/TDAP

☐ Meningococcal

Signed: _____

Date: _____

Exemption approved: _____

Date: _____

Return to: Calvary University
Student Services
15800 Calvary Road
Kansas City, MO 64147-1341

* The proofs of immunization documents consists of a copy of any *one* of the following documents: a personal record signed by a health-care giver, or a personal record signed by a physician, or a clinic report, or school immunization record. Do not give us an original of any of these documents.