



YOUR STUDENT HEALTH RESOURCE

Kansas State University

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EXEMPTION REQUEST

Use this form for Vaccination Exemption Requests only. Please complete the form, sign it in the presence of a witness then contact the Health Center to establish an appointment with the Medical Director or his/her designee. Make sure you identify this appointment as an Exemption Request appointment.

Last Name First Name Middle Name
[Grid of boxes for name entry]

Date of Birth Wildcat ID Semester Start (check one) Year
[Grid of boxes for date, ID, semester, and year]

The above named student REQUESTS an exemption for the following vaccine(s). (Check all that apply.)

- [ ] Measles
[ ] Mumps
[ ] Rubella

The above named student understands that by submitting this EXEMPTION REQUEST form for one (1) or more vaccinations, that he/she exempts at his/her own risk. This student releases Kansas State University, its faculty, staff, and students from any and all claims connected with an outbreak or threatened outbreak of disease or other public health immunization emergency on campus. Additionally, the student understands that he/she will be required to leave campus until the situation is resolved.

Student Signature: \_\_\_\_\_ Date(MM/DD/YYYY): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date(MM/DD/YYYY): \_\_\_\_\_