



## Request for Exemption to Immunization

Student Name: \_\_\_\_\_

Please submit your completed exemption form under the immunization section of your required forms. For any questions or concerns regarding exemption requests, please email [disabilityservices@kcai.edu](mailto:disabilityservices@kcai.edu).

### Medical Exemption

The student has documentation of disease or laboratory evidence of immunity to the disease

- Month and year: \_\_\_\_\_

The physical condition of the student is such that immunization (please check all that apply below) would endanger their health or is medically contraindicated due to other existing medical conditions:

Diphtheria     Hepatitis B     MMR     Pertussis

Polio     Tetanus     Varicella     Other \_\_\_\_\_

\_\_\_\_\_  
Print Name of Health Care Provider

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

### Religious or Personal Belief Exemption

I, \_\_\_\_\_, am a student of the Kansas City Art Institute and am seeking an exemption to the COVID-19 vaccine because of the following sincerely held religious or personal belief(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I am asking for exemption from the following immunizations (please check all that apply below):	
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> MMR	<input type="checkbox"/> Pertussis
<input type="checkbox"/> Polio	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Varicella	<input type="checkbox"/> Other _____
_____ Student Signature	_____ Date

<b>Other Exemption</b>
<input type="checkbox"/> My birthdate is prior to January 1, 1957.