



Religious or Personal Belief Immunization Exemption

THIS IS TO CERTIFY THAT
Name of Student (Please Print):
Should be exempt from receiving the following immunizations, as they violate my personal or religious beliefs (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: _____
Signature:
Date:

You may submit the completed Religious or Personal Belief Exemption Form in one the following ways:

1. Upload this form to [MyKCAI](#). Remember you must login to view this information.

OR

2. Fax to 816-756-5419

OR

3. Email to disabilityservices@kcai.edu