

## **UMSL Vaccination/TB Screening Requirements**

In order to adequately protect the health, safety, and welfare of UMSL students, there are a number of requirements with regards to vaccinations and screenings. University Health Services is tasked with collecting information pertaining to these established student vaccination requirements and providing appropriate follow-up.

### **1. Measles, Mumps, Rubella (MMR) – Required for students living in campus housing**

UMSL requires all students living in campus housing to be immunized against measles, mumps, and rubella, with two doses of the MMR vaccine. For students who have been vaccinated, the first dose must have been given at age 12 months or later. The second dose must have been given at least one month after the first one. Students also have the option of providing documentation showing titer (blood test) results proving immunity to measles, mumps and rubella. A waiver is possible on the basis of medical or religious reasons.

### **2. Meningococcal Vaccine – Required for students living in campus housing**

Missouri legislation requires students living in campus housing to either show documentation of conjugate meningococcal vaccine (Menveo or Menactra) received at age 16 or after or apply for a waiver to this requirement on the basis of a medical or religious reason.

### **3. Tuberculosis (TB) Screening – Required for all students**

Missouri legislation requires that all newly enrolled students must complete a TB risk assessment. The risk assessment is conducted through the UMSL Health and Counseling Services patient portal (<https://health.umsl.edu>) and asks for information about: presence exceeding two months in Asia, Africa, Central or South America or Eastern Europe; status as a health care worker; experience as a volunteer, employee, or resident at a nursing home, prison or other residential institution; or contact with a person known to have active tuberculosis. Depending on the results of the screening, additional testing or documentation will be required.

## **Requirements for Documentation of Previous Vaccinations**

Documentation of previous vaccinations must be submitted to UMSL Student Health Services. Examples of acceptable forms of documentation include: copies of physician office or Health Department immunization records; copies of high school or previous college immunization records; or letters from licensed health care providers. See specific waiver form for specific instructions. Documents written in any language other than English must be accompanied by a translation and may be subject to additional requirements if clarification is needed.

## **Documentation for Waivers and Exemptions**

Missouri legislation provides for waivers to the MMR and Meningococcal vaccine requirement on the basis of a medical or religious exemption. See specific waiver forms below for specific instructions. Documents written in any language other than English must be accompanied by a translation and may be subject to additional requirements if clarification is needed.

**Send vaccination or waiver application documents directly to UMSL Student Health Services**

**Health Services  
UM – St Louis  
131 MSC  
One University Blvd  
St Louis, MO 63121**

**-or- Fax to: (314) 516-5988 -or-**

**E-mail scanned attachments to:**  
[healthservices@umsl.edu](mailto:healthservices@umsl.edu)  
Please send in jpg, gif or pdf format.

***Additional Information***

1. MMR requirement. The University of Missouri requires that all UMSL students living in campus housing born after December 31, 1956 must comply with the two-dose MMR Immunization Policy. If a second immunization is needed, it must be the combined MMR vaccine. **Students who do not comply may be subject to removal from campus housing.**
2. Meningococcal vaccine. Students must receive either MCV4 (Menactra®) or MPSV4 (Menveo®) to meet this requirement. **Students who do not comply may be subject to removal from campus housing.**
3. TB screening requirements. Testing method will be determined by risk category: either Mantoux tuberculin skin test (TST) or QuantiFeron-Gold (or another IGRA) blood test. Students who have received the BCG vaccination are encouraged to submit documentation of a recent IGRA.  
Testing is recommended (but not mandated) for individuals in the groups below due to the high risk of progression to active TB disease:
  - HIV positive
  - Immunosuppressive disorders
  - History of IV drug abuse or alcoholism
  - Students with chronic medical conditions i.e. diabetes, silicosis, cancer, kidney disease, malabsorption disorders
4. Other recommended, but not required, immunizations for University students include:
  - **Tetanus/Diphtheria** administered within the past 10 years (one time booster dose of Tetanus/ Diphtheria/ Pertussis is now recommended)
  - **Hepatitis B series** (3 doses)
  - **Influenza vaccine.** Available each Fall. Advisable for all students but in particular those with asthma or other chronic illnesses.
  - **Varicella (chicken pox).** No vaccine is needed if there is a good history of natural infection. If history is questionable, a blood test can be done at the student's expense to determine immune status.

If you have received any of these vaccinations, please send a copy of your records. All of the vaccines listed above may be obtained at the Health Services and charged to the student's account. Appointments can be scheduled by phone at (314) 516-5671 or by logging on to the Health and Counseling Services patient portal at:  
<https://health.umsl.edu>

**UMSL Health Services  
Vaccination Record Submission**

This form is used to submit evidence of previous vaccinations. Please complete the form and attach copies of associated medical records. Examples of acceptable forms of documentation include: physician office or Health Department immunization records; copies of high school or previous college immunization records; or letters from licensed health care providers.

Documents written in any language other than English must be accompanied by a translation and may be subject to additional requirements if clarification is needed.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Student number: \_\_\_\_\_

Campus Housing:

Residential Life       University Meadows       Fraternity/sorority house

Other \_\_\_\_\_

**MMR Vaccination**

Dates \_\_\_\_\_ Age at time of vaccinations \_\_\_\_\_

Facility where vaccination was given \_\_\_\_\_

Documentation attached

**Meningitis Vaccination**

Date \_\_\_\_\_ Age at time of vaccination \_\_\_\_\_

Facility where vaccination was given \_\_\_\_\_

Documentation attached

----- For Office Use Only -----

Date received \_\_\_\_\_ MMR approved \_\_\_\_\_ Meningitis approved \_\_\_\_\_

Further information needed :

**UMSL Student Health Services**  
**MMR Vaccination Waiver Form**

This is an application process for a vaccination waiver. After completion it will be reviewed by the campus health officer and you will be notified on your health portal of the decision. You may be required to present for a personal interview.

Name: Last	First	M.	Student number	Date of Birth
------------	-------	----	----------------	---------------

**A. To be completed by students 18 years of age or older**

I request an exemption from the University of Missouri 2-dose MMR Immunization Policy on the following basis:

- Permanent immunity from documented measles (rubeola), mumps and rubella disease (Attach records).
- Measles (rubeola), mumps and rubella immunity demonstrated by titer. (Attach copy of lab reports).
- Permanent Medical Waiver (See instructions on page 2 and attach waiver request documentation with this completed form)
- Permanent Religious Waiver (See instructions on page 2 and attach waiver request documentation with this completed form)
- Temporary Waiver\*\* for the following reason:
  - Currently pregnant or expecting to become pregnant within the next 3 months. (Breast feeding is not a contraindication). Due date must be confirmed by attached medical provider's note.
  - Receipt of antibody-containing blood product. (Length of delay depends on type of product received; e.g. immune globulin, whole blood or packed red blood cells, intravenous immune globulin.)
  - Moderate to severe acute illness and/or febrile illness.
  - Other \_\_\_\_\_

*\*\*Any temporary waiver will be effective for no more than one semester. The student must then comply with the 2-dose MMR policy to register for the following semester or to be reevaluated for further waivers.*

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student Health Official: \_\_\_\_\_ Date: \_\_\_\_\_

**B. For students under the age of 18**

I am the parent or legal guardian of \_\_\_\_\_. I request an exemption from the University of Missouri 2-dose MMR Immunization Policy on the following basis:

- Permanent immunity from documented measles (rubeola), mumps and rubella disease (Attach records).
- Measles (rubeola), mumps and rubella immunity demonstrated by titer. (Attach copy of lab reports).
- Permanent Medical Waiver (See instructions on page 2 and attach waiver request documentation with this completed form)
- Permanent Religious Waiver (See instructions on page 2 and attach waiver request documentation with this completed form)
- Temporary Waiver\*\* for the following reason:
  - Currently pregnant or expecting to become pregnant within the next 3 months. (Breast-feeding is not a contraindication). Due date must be confirmed by attached medical provider's note.
  - Receipt of antibody-containing blood product. (Length of delay depends on type of product received; e.g. immune globulin, whole blood or packed red blood cells, intravenous immune globulin.)
  - Moderate to severe acute illness and/or febrile illness.
  - Other \_\_\_\_\_

*\*\*Any temporary waiver will be effective for no more than one semester. The student must then comply with the 2 dose MMR policy to register for the following semester or to be reevaluated for further waivers.*

Printed name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student Health Official: \_\_\_\_\_ Date: \_\_\_\_\_

## **Information Needed to Evaluate MMR Immunization Waivers**

### **Medical Waiver**

A typed or legibly written statement must be submitted which includes the following components:

1. Demographic information including name, student number and date of birth
2. Letter or a statement from the student's doctor requesting an exemption from the MMR Immunization Policy based on one of the following reasons:
  - History of anaphylactic reaction to neomycin and/or gelatin.
  - Immunosuppression or immunodeficiency (congenital immunodeficiency, symptomatic HIV infection, leukemia patients not in remission and/or receiving chemotherapy, lymphoma, generalized malignancy, therapy with alkylating agents, antimetabolites, radiation, or large doses of corticosteroids, i.e. > 20 mg prednisone per day).
  - History of thrombocytopenic purpura or thrombocytopenia occurring within 6 weeks after receipt of measles-containing vaccine.
3. Statement of understanding that the student may be required to leave campus if a measles outbreak occurs.

### **Religious Waiver**

A typed or legibly written statement must be submitted which includes the following components:

1. Demographic information including name, student number and date of birth
2. Statement written by the student to the institution's administration that vaccination violates his or her religious beliefs.
3. Documentation of previous immunizations received (include a copy of records).
4. Statement of understanding that the student may be required to leave campus if a measles outbreak occurs.

**UMSL Student Health Services**  
**Meningococcal Vaccination Policy Compliance Form**

This is an application process for an immunization waiver. After completion it will be reviewed by the campus health officer and you will be notified on your health portal. You may be required to present for a personal interview.

**Student Information:**

Name: Last	First	M.	Student number	Date of Birth
------------	-------	----	----------------	---------------

**A. To be completed by students 18 years of age or older**

I am 18 years of age or older. The University of Missouri has provided me information explaining the risks of meningococcal disease and the effectiveness and availability of the vaccine. I understand that Missouri law Section 174.335 requires all students who reside in on-campus housing to have received the meningococcal conjugate vaccine unless a signed statement of medical or religious exemption is on file with the institution's administration.

A student shall be exempt from the immunization requirement for one of two reasons:

- a. Upon signed certification by a licensed physician, indicating that either the immunization would seriously endanger the student's health or life or the student has documentation of the disease or laboratory evidence of immunity to the disease.
- b. If the student objects in writing to the institution's administration that immunization violates his or her religious beliefs.

**Please submit the exemption request documentation with this completed form.**

Printed name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of campus official: \_\_\_\_\_

Date: \_\_\_\_\_

**B. For students under the age of 18**

I am the parent or legal guardian of \_\_\_\_\_. The University of Missouri has provided me information explaining the risks of meningococcal disease and I am aware of the effectiveness and availability of the vaccine. I understand that Missouri law Section 174.335 requires all students who reside in on-campus housing to have received the meningococcal conjugate vaccine unless a signed statement of medical or religious exemption is on file with the institution's administration.

A student shall be exempt from the immunization requirement for one of two reasons:

- c. Upon signed certification by a licensed physician, indicating that either the immunization would seriously endanger the student's health or life or the student has documentation of the disease or laboratory evidence of immunity to the disease.
- d. If the student objects in writing to the institution's administration that immunization violates his or her religious beliefs.

**Please submit the exemption request documentation with this completed form.**

Printed name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of campus official: \_\_\_\_\_

Date: \_\_\_\_\_