

# KANSAS CITY ART INSTITUTE

## Religious or Personal Belief Immunization Exemption

<b>THIS IS TO CERTIFY THAT</b>
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 [ArtNet](#), remember you must login to view this information.  
OR
2. Fax to 816-802-3480  
OR
3. Email to [disabilityservices@kcai.edu](mailto:disabilityservices@kcai.edu)