

**Medical Immunization Exemption**

<b>THIS IS TO CERTIFY THAT</b>
Name of Student (Please Print):
Is exempt from receiving the following immunizations because:
<input type="checkbox"/> The student has documentation of disease or laboratory evidence of immunity to the disease  • Month and year: _____
<input type="checkbox"/> 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:  <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 _____
Physician Name (please print):
Physician Signature:
Date:

You may submit the completed Medical Immunization 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)