

## In compliance with Oklahoma Statutes, Title 70 3243

### Certification of Meningococcal Compliance

Oklahoma Statutes, Title 70 3243, requires that all students who are first time enrollees in any public or private postsecondary educational institution in this state and who reside in on-campus student housing shall be vaccinated against meningococcal disease. Institutions of higher education must provide the student or the student's parents or other legal representative detailed information on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine.

The statute permits the student or, if the student is a minor, the student's parent or other legal representative, to sign a written waiver stating that the student has received and reviewed the information provided on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine, and has chosen not to be or not to have the student vaccinated.

Student's Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Birth date: \_\_\_\_\_ Term/Year of first enrollment: \_\_\_\_\_

Social Security Number of Student: \_\_\_\_\_

- 1) I have received and reviewed detailed information on the risks associated with meningococcal disease, and
- 2) I have received and reviewed information on the availability and effectiveness of any vaccine (against Meningococcal disease)

Please initial the applicable line:

- 3) I received my vaccination on \_\_\_ / \_\_\_ / \_\_\_                      Initials \_\_\_\_\_
- 4) Proof of vaccination has been reviewed by Residential Life staff.    Initials \_\_\_\_\_
- 5) I choose not to be vaccinated" against Meningococcal disease.    Initials \_\_\_\_\_

\*With this waiver, I seek exemption from the requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Northeastern State University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision no to be immunized against meningitis.

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

Residential Life Witness: \_\_\_\_\_ Date: \_\_\_\_\_

When student is under 18 years of age, the following must be completed:

**As the parent, guardian or other legal representative, I certify that the student named above is a minor and that I have received and reviewed the information provided and that I have chosen not to have the student vaccinated against meningococcal disease.**

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