



## Certification of Compliance Meningococcal Disease

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 parents 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.

_____	_____
Name of Student (please print)	Campus Address
_____	_____
Date of Birth	Student ID
	Term/ Year of First Enrollment

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 on any vaccine (against meningococcal disease), and
  3. Further, I certify that: (Place a check in the applicable box, below)
- I have been vaccinated against meningococcal disease and the appropriate signature below verifies this.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of a physician, nurse, or designated school official Title: \_\_\_\_\_ Date: \_\_\_\_\_

I choose **not to be** vaccinated\* against meningococcal disease

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

Or, as the parent 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*With this waiver, I seek exemption from this agreement. I voluntarily agree to release, discharge, indemnify and hold harmless Langston University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or cause of action on account of any loss or personal injury that might result from my decision not to be immunized against meningitis. I also understand that in the event of a disease outbreak at the University I may have to be excluded for my protection and the protection of other students at the University.

***Please return this form and any related medical documentation***

Return Form to: Office of the Dean of Students  
William H. Hale Student Success Center, 701 W. Sammie Davis Jr. Drive, Langston OK, 73050