Alexander Student Health Center
Meningococcal Vaccine Waiver

Student's Name: _____
Address: _____
Birth Date: _____ Term/Year of first enrollment: _____
Student ID #: _____

1) I have received and reviewed detailed information on the risks associated with meningococcal disease.

2) I have received and reviewed information on the availability and effectiveness of any vaccine (against meningococcal disease).

3) With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless The University of Tulsa, its officers, trustees, 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 not to be immunized against meningitis.

I choose not to be vaccinated against meningococcal disease.

_____

Printed Name Signature Date

As the parent or other legal representative, I choose not to have the student named above vaccinated against meningococcal disease.

_____

Printed Name Signature Date