

Waiver of Vaccination and Release from Responsibility *If under 18, parent/guardian must also sign.

(Print) Full Name _____ McNeese Banner ID # _____ Date _____

Waiver of Vaccination (Measles, Mumps, Rubella, Diphtheria, Tetanus, COVID-19)

I request an exemption from the immunization requirement for one or more of the listed diseases (measles, mumps, rubella, diphtheria, tetanus, COVID-19). The reason for my requesting the waiver is (check one):

Personal Medical Religious State reason: Medical records in home country

I understand that I may be required to leave campus and be excluded from classes in the event of an outbreak of any of the listed diseases until the outbreak is over or until I submit proof of immunization.

Signature of Student _____ Date _____ Signature of Parent / Guardian (if required) _____ Date _____

Waiver of Vaccination (Meningitis)

BE IT KNOWN that on this date I have read and been fully informed by the Centers for Disease Control and Prevention's Vaccine Information Statement: Meningococcal Vaccines—What You Need to Know, available at www.cdc.gov. I understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine. The reason for my completing this waiver is (check one):

Personal Medical Religious State reason: Medical records in home country

I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the vaccination.

I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccination.

I certify that I have read (or have had read to me) and fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected, of my own free will, not to receive the vaccination.

I understand that I may be required to leave campus and be excluded from classes in the event of an outbreak of any of the listed diseases until the outbreak is over or until I submit proof of immunization.

Signature of Student _____ Date _____ Signature of Parent / Guardian (if required) _____ Date _____