

McNeese State University Proof of Immunization Compliance

NOTE: All students who are attending McNeese for the first time must complete and return this form (Louisiana R.S. 17:170 and R.S. 17:170.1 Schools of Higher Learning.) Do not send original immunization records. Copies of records that have been validated are acceptable. McNeese State University requests that students do not send their original immunization records. The University cannot be responsible for maintaining permanent immunization records.

Students shall submit copies of all immunization records upon arrival. Boosters and additional vaccinations will be recommended by Student Health Services after review.

Student Information			
McNeese ID	Last/Family Name	First/Given Name	
Birthdate (mm/dd/yyyy)	Email Address		
Term of Admission (circle one) Fall Spring Summer		Year of Admission (circle one) 2021 2022 2023 2024 2025	

Waiver of Vaccination and Release from Responsibility	*If under 18, parent/legal guardian must also sign
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1.) Waiver of Vaccination (Measles, Mumps, Rubella, Diphtheria, Tetanus)
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I request an exemption from the immunization requirement for one or more of the listed diseases (measles, mumps, rubella, diphtheria, tetanus).

The reason for my requesting the waiver is (check one): Personal Medical Religious

Reason: medical records are in home country

2.) Waiver of Vaccination (Meningitis)
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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 ACWY Vaccines – MenACWY and MPSV4: What You Need to Know**, available at www.mcneese.edu/meningitis or 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 Unavailability of the Vaccine

Reason: medical records are in home country

I certify that I have read the above numbered sections 1 and 2 and am requesting the associated waivers by my signature below.

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 or cannot presently submit evidence of having already received 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 Sign here	Date	*Signature of Parent/Guardian (if required) Parents sign here for students under 18	Date
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Other Medical Information

List other known medical issues, allergies or disabilities (This information will be used in case of an emergency.)

If an ambulance is necessary, 911 and your emergency contact will be called. Medical personnel will transport you to a local hospital. The above medical information will be provided to emergency personnel in the event of an emergency. You are responsible for all fees incurred in case of an emergency, including any service requested for or by you to ensure appropriate medical care. I agree to the above emergency plan.

Signature of Student Sign here	Date	Signature of Parent/Guardian (if required) Parents sign here for students under 18	Date
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