



School of Physical Therapy

Review the medical information documents provided by Langston University BEFORE completing the medical history requirements. All new students must complete both pages of this form

In Compliance with Oklahoma Statutes, Title 70 §3242 Certification of Meningococcal Compliance

Oklahoma Statutes, Title 70 §3242, 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 parent 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 or Student ID: _____

- 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), and**
- 3) **I have been vaccinated or I choose not to be vaccinated* against meningococcal disease.**

Signature: _____ Date: _____

When a student is under 18 years of age, the following also 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: _____

*With this waiver, I seek exemption from this requirement. 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 causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningitis.