

# IMMUNIZATION FORM

This form must be completed and returned before student will be allowed to attend class.

St. Gregory's University, in accordance with Oklahoma State Law, requires that students be vaccinated against specific diseases or to be exempted if certain provisions are met. Students must be vaccinated against meningococcal disease and must provide written documentation of vaccinations against hepatitis B, measles, mumps, and rubella (MMR) if birth year is after 1957.

If vaccination is needed you may contact your local health department, family physician, local hospital, or am/pm type clinic.

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student ID # \_\_\_\_\_

## MANDATORY IMMUNIZATIONS REQUIRED FOR ALL STUDENTS

I have received and reviewed detailed information on the risks associated with meningococcal disease, Hepatitis B, Measles, Mumps, and Rubella. Initials \_\_\_\_\_

I have received and reviewed information on the availability and effectiveness of any vaccine (against meningococcal disease, Hepatitis B, and Measles/Mumps and Rubella). Initials \_\_\_\_\_

**MMR (Measles/Mumps/Rubella):** two doses required: If born before 1957, please initial \_\_\_\_, you are not required to have an MMR.

Dose #1 Given at age 12-15 months or later.....#1 (Mo./Yr) \_\_\_\_/\_\_\_\_

Dose #2 Given at age 4-6 years or later, and at least one month after first dose.....#2 (Mo/Yr) \_\_\_\_/\_\_\_\_

### Hepatitis B (three doses required)

Dose #1 (Mo/Yr) \_\_\_\_/\_\_\_\_ Dose #2 (Mo/Yr) \_\_\_\_/\_\_\_\_ Dose #3 (Mo/Yr) \_\_\_\_/\_\_\_\_

### Meningococcal (one dose)

Quadrivalent polysaccharide vaccine (Mo/Yr) \_\_\_\_/\_\_\_\_

### Health Care Provider

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I certify that I have been vaccinated and have attached documentation in support the above information as required by Oklahoma Statue, Title 70 §3244 \_\_\_\_\_

*Signature/Date*

**With this waiver**, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify, and hold harmless St. Gregory's 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 meningococcal disease, Hepatitis B, Measles, Mumps, and Rubella.

\_\_\_\_ The administration of the vaccine conflicts with my moral or religious tenets, therefore I choose not to be vaccinated. \_\_\_\_\_

*Signature/Date*

\_\_\_\_ I am exempt from the requirement and have attached a written statement from a licensed physician, which indicates that a vaccine is medically contraindicated. \_\_\_\_\_

*Signature/Date*

As the parent or other legal representative (student under 18), I choose not to have the student named above vaccinated.

\_\_\_\_\_  
*Signature/Date*

Please return completed form to the following address: St. Gregory's University Attn: Immunization Form, 1900 West MacArthur Street, Shawnee, OK 74804