



STUDENT HEALTH SERVICES

WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY

BE IT KNOWN that on this date I, _____,
(Name of Student)

have been fully informed by reading the Centers for Disease Control and Prevention's *Meningococcal Vaccines—What You Need to Know* Vaccine Information Statement and 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

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 understand that the University may exclude from attendance all students who do not have the vaccination until the appropriate disease incubation has expired or the student presents proof of immunization.

I certify that I have read (or have had read to me) and that I 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 to not receive the vaccination of my own free will.

Signature of Student

Signature of Parent or Guardian (if required)

Date

**! REMEMBER! YOUR CLASSES
WILL BE CANCELLED IF FORM NOT
COMPLETED AND RETURNED BY
AUGUST 22, 2008**

**Please return this form to:
Loyola University New Orleans
Student Health Services
6363 St. Charles Ave.
Campus Box 179
New Orleans, LA 70118
Fax: 504.865.2393**