



STUDENT HEALTH SERVICES

WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY

BE IT KNOWN that on the date indicated next to my signature below I, _____ (print name), hereby declare that I have received and reviewed the Centers for Disease Control and Prevention's *Meningococcal Vaccines—What You Need to Know* Vaccine Information Statement provided to me by Loyola University; and I understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine but have chosen not to be vaccinated against meningococcal disease for one of the following reasons (check one):

_____ personal, _____ medical; or _____ religious.

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 against *Meningococcal disease*.

I do further hereby now and forever free and release Loyola University, its governing authority and all officials and employees thereof 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 against meningococcal disease.

I understand that Louisiana law requires students entering a postsecondary education institution to receive *meningococcal vaccinations* unless the student provides a signed waiver of the vaccination or otherwise qualifies for one of the exemptions specified in the law. I understand that Loyola 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 and that I fully understand the Waiver of Vaccination and Release from Responsibility, that explanations were made to me, all blanks completed before signing my name below and that I have elected to not receive the vaccination of my own free will.

Signature of Student

Date

**! REMEMBER! YOUR CLASSES
WILL BE CANCELLED IF FORM NOT
COMPLETED AND RETURNED BY
AUGUST 28, 2009**

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

**SIGNATURE OF PARENT, TUTOR OR LEGAL GUARDIAN IS REQUIRED ON THE NEXT
PAGE IF YOU ARE UNDER 18 YEARS OF AGE.**

**SIGNATURE PAGE OF PARENT, TUTOR OR LEGAL GUARDIAN TO WAIVER OF
VACCINATION AND RELEASE FROM RESPONSIBILITY**

By signing below, I, _____ (print name), the undersigned parent, tutor or legal guardian of the Loyola University student, _____, who signed a Waiver of Vaccination and Release From Responsibility, certify that he/she has received and reviewed the Centers for Disease Control and Prevention's ***Meningococcal Vaccines—What You Need to Know*** Vaccine Information Statement provided by Loyola University and that I have chosen for him/her not to be vaccinated against meningococcal disease for the reasons indicated in the Waiver of Vaccination and Release From Responsibility that he/she signed.

Signature of Parent, Tutor, or Legal Guardian

Date