

NSU IMMUNIZATION WAIVER FORM
In Compliance with Oklahoma Statutes, Title 70 3244

Certification of Compliance
Hepatitis B, Measles, Mumps and Rubella (MMR)

Oklahoma Statutes, Title 70 3244, requires that all students who enroll as a full-time or part-time student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against hepatitis B, measles, mumps and rubella (MMR).

The same statute requires that Institutions notify students of the vaccination requirements and provide students with educational information concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination.

The statute permits that when the vaccine is medically contraindicated and a licensed physician has signed a written statement to that effect, such student shall be exempt from the vaccination. Further, the statute permits a student or if the student is a minor, the student's parent or other legal representative, to sign a written waiver stating that the administration of the vaccine conflicts with the student's moral or religious tenets.

Student's Name: _____
Institution: _____
Birth date: _____ Term/Year of first enrollment: _____
Social Security Number of Student I.D.: _____

- 1) I have been notified by my institution of the requirement that I must provide documentation of having received vaccinations against hepatitis B, measles, mumps and rubella (MMR), and
- 2) I have received and reviewed the educational information provided by my institution concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination, and
- 3) Further, I certify that: (Place a check in the applicable space below.)

_____ **I have been vaccinated and have documentation in support as required by Oklahoma Statute, Title 70 3244, or**

_____ **I am exempt from the requirement and have a written statement from a licensed physician, which indicates that a vaccine is medically contraindicated, or**

_____ **The administration of the vaccine conflicts with my moral or religious tenets.**

I understand that the above-referenced documentation or written statement must be retained by me and produced on request to university officials.

Signature: _____ Date: _____

When student is under 18 years of age, the following must be completed:

As the parent or other legal representative, I certify that the student named above is a minor and that the administration of the vaccine conflicts with my moral or religious tenets.

Signature: _____ Date: _____