



Vaccination Waiver/Exemption Form

Oklahoma Senate Bill 787, Title 70 3242 states, in order to enroll as a full-time or part-time student in an institution within the Oklahoma State System of Higher Education (public or private) all students shall provide written documentation of vaccinations against hepatitis B, measles, mumps, and rubella (MMR). The bill also requires that all students who are first-time enrollees and who reside in on-campus student housing shall be vaccinated against meningococcal disease. Institutions of higher education will provide the student or the student’s parents or other representative detailed information on the risks associated with these diseases, and the risks and benefits of the vaccinations. The statute permits the student or, if the student is a minor, the student’s parents or other legal representative to sign a certificate of exemption/waiver declaring that the administration of the vaccine is medically contraindicated, or that it conflicts with the students moral or religious tenets.

Name/Location of University: Oklahoma Baptist University Shawnee, Oklahoma

Name: (Last) (First) (Middle) DOB: / /

OBU ID # or Social Security: Term/Year of First Enrollment

Please check which immunization(s) this wavier/exemption applies to:

- MMR (Measles, Mumps and Rubella) Hepatitis B
Meningococcal (For first-time enrollees living in on-campus housing)

Select a reason below for this wavier/exemption below:

PERSONAL OBJECTION: I hereby certify that the above immunization(s) are in conflict with my moral and/or religious beliefs and I am requesting an exemption to the immunization requirements for Oklahoma colleges and universities. I understand that lost records are not grounds for an exemption. (Please attached a brief summary of objection)

MEDICAL CONTRAINDICATION: I hereby certify that the immunization(s) specified above are medially contraindicated for student.

Immunization(s) Physician Signature:

By signing below, I am acknowledging that I have received and reviewed information on the risks associated with meningococcal disease, measles, mumps, rubella and hepatitis B. I have also received and reviewed information on the availability, effectiveness and risks of immunizations against meningococcal disease, measles, mumps rubella and hepatitis B.

With this waiver, I seek exemption from specified immunization(s). I voluntarily agree to release, discharge and hold harmless Oklahoma Baptist 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.

I CHOOSE NOT TO BE IMMUNIZED

Student Signature or Parent (if student is minor) Date