



CERTIFICATION OF MENINGOCOCCAL COMPLIANCE

In Compliance with Oklahoma Statutes, Title 70 §3243

Oklahoma Statutes, Title 70 §3243, requires that all students who are first time enrollees in any public or private postsecondary educational institution in this state and who reside in on-campus student housing shall be vaccinated against meningococcal disease. Institutions of higher education must provide the student or the student's parents or other legal representative detailed information on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine.

The statute permits the student or, if the student is a minor, the student's parent or other legal representative, to sign a written waiver stating that the student received and reviewed the information provided on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine, and has chosen not to be or not have the student vaccinated.

Students should contact their personal physician or the local health department if they would like more information about meningococcal disease and the vaccination or if they would like to receive the vaccination.

All Residents are required to complete this form before moving into Student Housing.

Student's Name: _____

Student ID: _____ Institution: **Redlands Community College**

Term/Year of First Enrollment: _____ Date of Birth: _____

I certify that: (Please read carefully and sign below.)

- A) I have received and reviewed detailed information on the risks associated with meningococcal disease, and
- B) I have received and reviewed information on the availability and effectiveness of any vaccine (against meningococcal disease), and
- C) I have been vaccinated OR I choose not to be vaccinated* against meningococcal disease.

Signature: _____ Date: _____

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

As the parent, guardian, or other legal representative, I certify that the student named above is a minor and that I have received and reviewed the information provided and that I have chosen not to have the student vaccinated against meningococcal disease.

Signature: _____ Date: _____

**By executing this contract, I voluntarily agree to release, discharge, indemnify, and hold harmless Redlands Community College, its officers, employees, and agents from any and all cost, 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 meningitis.*

PLEASE RETURN THIS FORM TO THE OFFICE OF STUDENT HOUSING
Redlands Community College, 1300 S Country Club Road, El Reno OK 73036-5304
FAX: 405-422-1432