

NWOSU IMMUNIZATION RECORD

709 Oklahoma Blvd. Alva, OK 73717

Name _____
Last First Middle

Date of Birth _____ Sex M _____ F _____ S.S.# _____

Date of Entrance to NWOSU: Fall _____ Spring _____ Summer _____ Year _____

Status: Part-Time _____ Full-Time _____ Graduate _____ Undergraduate _____ Professional _____

Permanent Mailing Address _____
Street city/state/zip

IN CASE OF EMERGENCY, NOTIFY:

Parent, guardian, or next of kin: _____ Phone #s (_____)

Address: _____
Street city/state/zip

If you attach your immunization records, do not complete this section.

MMR (Measles, Mumps, Rubella) #1 / / #2 / /
Mo Day Yr Mo Day Yr

Hepatitis B Series #1 / / #2 / / #3 / /
Mo Day Yr Mo Day Yr Mo Day Yr

Meningococcal / / (required only if living on campus)
Mo Day Yr

Oklahoma law requires all students to provide immunization information or sign a religious/moral exemption.

If you can answer "yes" to any of the following questions, you are not required to submit your immunization records.

DID YOU GRADUATE FROM AN OKLAHOMA HIGH SCHOOL AFTER 2002? ___ YES ___ NO

IS YOUR DATE OF BIRTH BEFORE 1957? ___ YES ___ NO

I AM ENROLLED ONLY IN COURSES DELIVERED VIA THE INTERNET OR DISTANCE LEARNING. (DOES NOT APPLY IF TAKING CLASSES AT THE ALVA, ENID, OR WOODWARD CAMPUS) ___ YES ___ NO

I HAVE SERVED IN THE U.S. ARMED SERVICES AND HAVE BEEN VACCINATED AS REQUIRED BY OKLAHOMA STATUTE, TITLE 70 § 3244. ___ YES ___ NO

I HEREBY STATE THAT ALL OF THE INFORMATION GIVEN IN THIS DOCUMENT TO THE BEST OF MY KNOWLEDGE TO BE TRUE.

SIGNATURE _____ **DATE** _____

Moral or Religious Exemption: Parent or guardian of the above named person or the person himself/herself has an adherent moral or religious belief opposed to immunizations.

SIGNED _____ DATE _____
(Parent, guardian, emancipated student or student 18 years or older)

*In the event of an outbreak, students without proof of immunization may not be allowed to attend class or other group activities.

Hepatitis B Statement

I agree and understand that I must complete the hepatitis B shots (3) before the next academic semester begins. I further understand that I will not be allowed to enroll for the next semester until the hepatitis B immunization is completed (three shots). The hepatitis B immunization series of shots takes four months to complete. I will provide proper documentation to the Northwestern Registrar's office upon completion of the hepatitis B immunization.

(Complete only if you have not taken the hepatitis B immunizations.)

Student (Print Name) _____
Date

Address (while attending NWOSU)

City State Zip Code

Address (permanent)

City State Zip Code

Phone number (local) e-mail address

Phone number (permanent)

Student (sign name)

In Compliance with Oklahoma Statutes, Title 70 §3243

Certification of Meningococcal Compliance

Must complete this form if living in student housing.

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 has 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 to have the student vaccinated.

Student's Name: _____

Institution: _____

Birth date: _____ Term/Year of first enrollment: _____

Social Security Number or Student ID: _____

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

Signature: _____ Date: _____

When 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: _____

*With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless _____, 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 against meningitis.

**Please return the completed form to:
Student Services
709 Oklahoma Boulevard
Alva, OK 73717**