

**Southwestern Oklahoma State University
Student Health Services**

**Certification of Waiver
Hepatitis B**

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 vaccination against hepatitis B.

The statute requires that Institutions notify students of the vaccination requirements and provide students with educational information concerning hepatitis B, 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 students shall be exempt from the vaccination. Further, the statute permits a student to sign a written waiver stating that the administration of the vaccine conflicts with the student's moral or religious tenets.

Student's Name _____ Birth Date _____

Student ID _____ Term/Year of first enrollment _____

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

_____ **I have served in the US Armed Services and have been vaccinated as required by Oklahoma Statute, Title 70 §3244, or**

_____ **I am exempt from the requirement* and have attached 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*, or**

_____ **I decline administration of the hepatitis B vaccination series*. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B. I understand that the declination will not transfer to another University.**

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 provides 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 SWOSU, 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 hepatitis B.