

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 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 to have the student vaccinated.

Please read the information about the meningococcal disease and vaccinations that is contained in the Contract for Residential Services and complete this form. 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 will be required to complete this form before moving into Student Housing.

Student's Name: _____ Student ID: _____

Institution: CAMERON UNIVERSITY Cameron Village Shepler Center

Current Term/Year: _____ Date of birth: _____

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. Further, I certify that : (Place a check in the applicable box, below)
I have been vaccinated against the meningococcal disease and the appropriate signature below verifies this.
I choose not to be vaccinated* against meningococcal disease.

Signature: _____ Date: _____

When student is under 18 year 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.

Parent/Guardian Signature: _____ Date: _____

*With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Cameron 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 may result from my decision not to be immunized against meningitis. I also understand that in the event of a disease outbreak at the university may have to be excluded for my protection and the protection of other students at the university.

PLEASE RETURN THIS FORM TO THE OFFICE OF STUDENT HOUSING.
Cameron University, Office of Student Housing, 2800 W. Gore Blvd., Lawton, OK 73505
FAX: (580) 581-5467

Missing Resident Student Contact Request Form

In accordance with the Higher Education Act, if a Resident Student who is under 18 or not emancipated is determined to be missing, the University is required to notify a custodial parent or guardian no more than 24 hours after the student is determined to be missing. If you are 18 or older, you have the option to provide who you would like to be notified if you are determined to be missing. Please complete one of the two options:

I am under 18 or not emancipated and request that you contact
Name of Custodial parent or guardian: _____
Contact Phone Number: _____

I am over 18 and request that you contact:
Name of Person: _____
Contact Phone Number: _____

My signature illustrates my understanding of this policy. I understand that this designation will remain in effect until changed or revoked by the student.

Name Please Print

Signature

Date