LSU HEALTH SCIENCES CENTER
Student Health Services
2020 Gravier Street - 7th Floor
New Orleans, Louisiana 70112
(504) 525-4839

REFUSAL OF VACCINATION AND RELEASE FROM RESPONSIBILITY

BE IT KNOWN that on this date, I, _____
(Name of Student)
have decided voluntarily to disregard the medical advice of the qualified health professionals attending me on behalf of the University and the Louisiana Department or Health and Hospitals.

I AM REFUSING TO RECEIVE VACCINATION AGAINST MENINGITIS.

I HAVE BEEN FULLY INFORMED BY READING THE CENTERS FOR DISEASE CONTROL AND PREVENTION MENINGITIS VACCINE INFORMATION STATEMENT.

and understand the possible and probable adverse consequences of my refusal. I understand that my health could be negatively affected and my possibly endangered by this refusal. The reason for my refusal is

_____

_____

_____

I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition due to this refusal.

I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of this refusal.

I certify that I have read (or had read to me) and that I fully understand this Refusal of Treatment and Release from Responsibility. All explanations were made to me and all blanks filled in before I signed my name. I have refused this vaccination of my own free will.

_____ _____ am/pm
Month Day Year

_____
Printed Name Signature