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 KNO	WN that on this	date, I,			
		, ,	(Name of Student)		
professionals	ave decided voluntarily to disregard the medical advice of the qualified health rofessionals attending me on behalf of the University and the Louisiana Department or lealth and Hospitals.				
AM REFUSING TO RECEIVE VACCINATION AGAINST MENINGITIS.					
CONTROL	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 this refusal. The reason for my refusal is					
hereby assur	ne full responsib	_	of majority and to be mentally competer Il possible present or future results or sal.	nt. I	
of Health and	d Hospitals and	all its agents, atten	clease the University and the Department ding health care professionals, and other sponsibility as a result of this refusal.		
Treatment ar	nd Release from	Responsibility. A	d that I fully understand this Refusal of ll explanations were made to me and a refused this vaccination of my own f	11	
Month	Day	Year	am/p	m	
Printed Name			Signature		