

LAKELAND COLLEGE
MENINGOCOCCAL/HEPATITIS B VACCINE REQUIREMENT

In accordance with Wisconsin State Law

STUDENT NAME: _____ Student ID #. _____
(Social Security No. for domestic students)

To be completed by a health care provider: (Attached documentation of vaccination from a physician or health clinic is also acceptable.)
The above-named individual has received the Meningococcal and Hepatitis B vaccines as required by Lakeland College and the State of Wisconsin for new incoming students.

Date of Meningococcal vaccine administration: _____ *

Dates of Hepatitis B vaccine administration: _____

Health care provider name: _____ Date: _____

Health care provider signature: _____ Phone _____

*The vaccine is effective for approximately 3-5 years. Students whose vaccine was not administered within the last 5 years will be asked to update their immunization in order to comply with university policy.

VACCINE WAIVER

To be completed by an individual (or parent/guardian for individual less than 18 years of age) requesting an exemption from the Meningococcal and Hepatitis B vaccines requirement:

FOR INDIVIDUALS 18 YEARS OF AGE AND OLDER:

I am 18 years of age or older. I have received and read the information in the Meningococcal/Hepatitis B Disease Fact Sheet provided by Lakeland College explaining the risks of Meningococcal and Hepatitis B diseases, and the effectiveness and availability of the Meningococcal and Hepatitis B vaccines. I acknowledge that Meningococcal and Hepatitis B diseases are rare, but life-threatening illnesses. I understand that under Lakeland policy, students enrolled at Lakeland College are required to be vaccinated against Meningococcal and Hepatitis B diseases. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Lakeland College, 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 or Hepatitis B.

Name of student: _____ Date: _____

Signature of student: _____

FOR INDIVIDUALS UNDER THE AGE OF 18:

I am the parent or guardian of _____ who will be a student at
(Name of individual enrolled at Lakeland College)

Lakeland College. I have received and read the information in the Meningococcal/Hepatitis B Diseases Fact Sheet from the college about Meningococcal and Hepatitis B diseases and the effectiveness and availability of the vaccines. I acknowledge that the diseases are rare but life threatening. I understand that Lakeland College (in accordance with Wisconsin Law) requires that an individual enrolled at Lakeland shall receive vaccinations against Meningococcal and Hepatitis B diseases unless a waiver is signed. I choose to waive receipt of Meningococcal and Hepatitis B vaccines for the above-named person. I voluntarily agree to release, discharge, indemnify and hold harmless Lakeland College, 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 have the above-named individual immunized against meningitis and Hepatitis B.

Name of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____