

In an effort to improve the overall health and safety of our student population, we are requesting that all new incoming students have the adjacent form filled out and returned to the admissions office before starting school in the fall.

If you have any questions about this health care initiative please feel free to contact your admission counselor and/or coach.

Please complete the form and mail it back to the admissions office at:

209 S. Kingshighway
St. Charles, Mo 63301

LINDENWOOD

CERTIFICATE OF IMMUNIZATION VACCINATION REQUIREMENTS

Name:		Date of Birth:
Address:		
City, State, ZIP	Country	Student ID:

IMMUNIZATION RECORD

VACCINE (circle applicable vaccine where choice is given)
& **DATE GIVEN** (from medical or school immunization records)

Measles, Mumps, Rubella (MMR)	Dose #1	Dose #2	
Human papillomavirus (HPV)	Dose #1	Dose #2	Dose #3
Meningococcal:			
Conjugate (MCV, Menactra®)		Polysaccharide (MPSV, Menomune®)	
Dose		Dose	

VACCINE WAIVER

To be completed by the individual (or parent/guardian* for individuals less than 18 years of age) requesting an exemption from the requirement.

For individuals 18 years of age or older:

I am 18 years of age or older. I have received and read the information in the brochure provided by Lindenwood University explaining the risks of meningococcal disease and am aware of the degree of effectiveness and availability of the vaccine. I am aware that meningococcal disease is a rare, but life-threatening illness. I understand that the Lindenwood policy requires that freshmen residing in on-campus housing for the first time be vaccinated against meningococcal disease. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Lindenwood University, its officers, employees and injury that might result from my decision not to be immunized against meningococcal disease.

Name of Student: _____ Signature of Student: _____

Date: _____

To the best of my knowledge, the person named above has received the above immunizations.

Signed (physician, nurse, or school health authority):

Title:

Date:

STATEMENT OF EXEMPTION TO IMMUNIZATION REQUIREMENTS

In the event of an outbreak, exempted persons may be subject to exclusion from school and quarantine.

MEDICAL EXEMPTION: The physical condition of the above-named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.

Signed (physician):

Date:

Vaccine(s):