NORTHEASTERN OKLAHOMA A&M COLLEGE
VACCINATION POLICY

STUDENT VACCINATION REQUIREMENTS

Prior to enrolling as a full-time or part-time student at NEO A&M College, an individual must provide written documentation of vaccinations against hepatitis B, measles, mumps and rubella. First-time students living on-campus shall provide written documentation of vaccination against meningitis.

NEO College shall notify students of the requirements and provide students with educational information about hepatitis B, measles, mumps, and rubella, upon enrollment. Such information shall also include the risks and benefits of each vaccination. NEO shall not be required to provide or pay for vaccinations against hepatitis B, measles, mumps, rubella, or meningitis.

The following are exceptions to the requirement for written documentation of vaccinations:

- Written statement from a licensed physician indicating the vaccine is medically contraindicated.
- Signed statement declaring the administration of the vaccine conflicts with the student’s (parent or guardian for minor student) moral and religious tenets.
- Students who have attended a public, private, or parochial school in Oklahoma and have complied with the immunization requirements at those schools.
- Students that have graduated from a high school in a state that requires vaccinations for hepatitis B, measles, mumps, and rubella.
- Students transferring from another Oklahoma college or university.
- Students that have attended Higher Education Centers and other learning sites authorized by the State Regents.
- Adult students born before 1956.
- Concurrently enrolled high school students.
- Non-degree seeking students and students provisionally admitted.
Certification of Compliance
Hepatitis B, Measles, Mumps and Rubella (MMR)

Oklahoma Statues, Title 70 §3244, requires that all students who enroll as a full-time or part-time student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against hepatitis B, measles, mumps and rubella (MMR).

The statute requires that Institutions notify students of the vaccination requirements and provide students with educational information concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination.

The statute permits that when the vaccine is medically contraindicated and a licensed physician has signed a written statement to that effect, such student shall be exempt from the vaccination. Further, the statute permits a student or if the student is a minor, the student’s parent or other legal representative, to sign a written waiver stating that the administration of the vaccine conflicts with the student’s moral or religious tenets.

___________________________________________     _____________________________
Student’s Name (please print)     Student ID

___________________________________________     _____________________________
Birth Date       Term/Year of First Enrollment

1) I have been notified by Northeastern Oklahoma A&M College of the requirements that I must provide documentation of having received vaccinations against hepatitis B, measles, mumps and rubella (MMR), and

2) I have received and reviewed the educational information provided by NEO A&M College concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination, and

3) Further, I certify that: (Place a check in the applicable space, below.)

_____ I have been vaccinated and have provided documentation in support as required by Oklahoma Statute, Title 70 3244, or

_____ I am exempt from the requirement and have attached a written statement from a licensed physician, which indicates that a vaccine is medically contraindicated, or

_____ The administration of the vaccine conflicts with my moral or religious tenets.

Signature: _______________________________ Date: __________________

When student is under 18 years of age, the following must be completed:

As the parent or other legal representative, I certify that the student named above is a minor and that the administration of the vaccine conflicts with my moral or religious tenets.

Signature: _______________________________ Date: __________________
Northeastern A&M College
Exemptions to the Immunization Compliance
Hepatitis B, Measles, Mumps and Rubella (MMR), Meningitis

NOTE: DUE TO AN OKLAHOMA LAW, BEFORE A STUDENT WILL BE ALLOWED TO ENROLL, either the Exemptions to the Immunization Compliance form must be completed or, if you do not qualify for one of the listed exemptions, the Certification of Compliance form must be completed (and either show your immunization record or physician’s statement or check the vaccine conflicts with your moral or religious doctrine).

Oklahoma Statutes, Title 70 §3244, requires that all students who enroll as a full-time or part-time student in an Oklahoma public or private postsecondary institution provide documentation of vaccinations against hepatitis B, measles, mumps and rubella (MMR).

The statute requires that Institutions notify students of the vaccination requirements and provide students with educational information concerning hepatitis B, measles, mumps and rubella (MMR), including the risks and benefits of the vaccination.

The following exemptions have been approved. Please check any that apply to be exempt from completing the “Certification of Compliance” form.

☐ Full or part-time students who graduated from an Oklahoma High School

☐ Full or part-time students who graduated from high schools in other states with similar immunization laws similar to Oklahoma (must be listed on approved list)

☐ Students transferring from another Oklahoma college or university, after Fall 2004

☐ Concurrently enrolled Oklahoma high school students

☐ Students who are active military

☐ Students born before 1956

If you do not qualify in any of the above categories, you must complete the “Certification of Compliance” form before you may be enrolled.

_______________________________________ _______________________________________
Student Name (please print)    Student ID Number

_______________________________________ _______________________________________
Student Signature     Date