



Alabama A&M University
John & Ella Byrd McCain
Health and Counseling Services

Refusal to Vaccinate

Student's Name: _____ A#: _____

Alabama A&M University Health and Counseling Services (HCS) has advised me that I should receive the following vaccinations or testing:

Required Vaccinations/Testing	Declined
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Measles-Mumps-Rubella (MMR) vaccine	<input type="checkbox"/>
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Meningococcal Conjugate or polysaccharide vaccine	<input type="checkbox"/>
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I have read the Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents. I have had the opportunity to discuss this with my physician or nurse, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- The purpose of and the need for the recommended vaccine(s)
- The risk and benefits of the recommended vaccine(s)
- If I do not receive the vaccine(s) according to the medically accepted schedule, the consequences may include:
 - Contracting the illness the vaccine should prevent (The outcomes of these illness may include one or more of the following: certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness/ Other severe and permanent effects from these vaccine-preventable diseases are possible as well)
 - Transmitting the disease to others
 - Requiring me to stay off campus during disease out breaks and/or if I acquire the disease
- The HCS, Alabama Board of Public Health, and the Centers for Disease Control and Prevention all strongly recommend that the vaccine(s) be given according to recommendations.

Nevertheless, I have decided at this time to decline or defer the vaccine(s) recommended for me, as indicated above, by checking the appropriate boxes under the column titles "Decline".

I know that failure to follow the recommendations about vaccination may endanger my health or life and others who I might come into contact.

I know that I may readdress this issue with HCS at any time and that I may change my mind and accept vaccinations anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

Student Signature: _____ Date: _____

Witness: _____ Date: _____

HCS Staff: _____ Date: _____