



STUDENT HEALTH SERVICES  
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Baton Rouge, Louisiana 70813-2021  
(225) 771-4770

Baranco-Hill Health Center  
Helen Barron Drive  
FAX (225) 771-6225

### IMMUNIZATION WAIVER ADDENDUM

Name: \_\_\_\_\_

SS# xxx-xx- \_\_\_\_\_

Date: \_\_\_\_\_

DOB \_\_\_\_\_

I declare myself to be a person of full age of majority and to be mentally competent. If I am not of full age of majority my parent or legal guardian has signed a proof of immunization compliance form. I hereby assume full responsibility for any and all possible present or future results or complications of my condition due to refusal of recommended immunizations.

I do further hereby, now and forever, free and release Southern University and A & M College and the Department of Health and Hospitals and its agents, attending health care professionals and other personnel from any and all legal and financial responsibility as a result of this refusal.

I understand that in the event of an outbreak or warning of an outbreak of any of the immunizations that I have refused will result in me: (1) not being allowed on campus for any reason, (2) not being able to attend class, and (3) not being allowed a physician's excuse for any absences incurred as a result of my refusal of the recommended immunizations. Additionally, I am aware that any absences incurred may jeopardize my grades and my financial aid eligibility.

I certify that I have read (or had read to me), and fully understand this release from this responsibility. All explanations were made for me.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature