Non-medical Exemption
OSU Meningococcal B (Men B) Vaccine Requirement

Per Oregon State University policy, all Corvallis campus students age 25 and under must be vaccinated against Meningococcal B disease. Students may, however, claim exemption from immunization for certain specified medical or non-medical reasons.

Risks of non-immunization include infection with Meningococcal disease. Meningococcus is a bacterium that can infect the blood or the lining of the brain causing severe disease that may result in loss of limbs, loss of organ function, or death.

Symptoms
Individuals with MenB disease typically develop a high fever, severe headache, stiff neck, and body aches. They may experience vomiting, a rash and extreme fatigue. These symptoms usually progress very quickly over 24 hours. Anyone with these symptoms should go to a healthcare provider immediately.

Please be aware that, based on guidance from public health authorities, students with MenB immunization waivers may be excluded from campus for some disease outbreaks.

Requirements of Students Claiming Exemption

☐ I understand that by claiming this exemption, I could be required to:
  - Adhere to isolation requirements. Isolation requirements may include being immediately removed from on-campus classes and campus housing for a period of time.
  - Assume all expenses for alternative housing related to isolation requirements.

Exemption Request

☐ I am requesting a non-medical exemption from the OSU Meningococcal B immunization requirement based on my having a system of belief, practices or ethical values which prohibits the use of immunizations. I acknowledge that I have met with my health care practitioner, read the information listed below, and discussed the medical risks with my practitioner:
  1. Due to the present outbreak of Meningococcal B (Men B) on the Corvallis OSU campus (6 cases in a one-year period) the risk of contracting this serious disease while on campus is markedly higher than the risk in the general population.
  2. If untreated, Men B is 100% fatal. It can cause death in a matter of hours.
  3. Even with proper treatment 10-15% of otherwise healthy individuals who contract this disease will die.
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4. Up to 20% of those that survive Men B infection develop a serious lifelong disability such as hearing or vision loss, nerve damage, loss of a limb, or permanent loss of mental function.

5. The most effective way for an individual to prevent contracting Men B disease is through immunization.

6. By declining this vaccine, I understand I will be at higher risk of contracting meningococcal disease.

☐ In addition to the information provided above, I have also read and reviewed the information provided by the Oregon Health Authority regarding MenB:
https://apps.state.or.us/Forms/Served/le0665c.pdf

☐ I assume all risks of personal injury or death to myself as a result of this exemption, and release OSU and its personnel from all claims and damages that may arise from any injury or impairment that I may experience because of this exemption.

☐ I have read and understand the risks of non-immunization and the other information on this form and have no further questions.

Student Name (Print)_________________________________________ OSU ID# __________________________

Student Signature ___________________________________________ Date__________________________

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I have met with the above-named student, reviewed the medical information provided on this form, and discussed the medical risks of not receiving the MenB vaccination.

Health Care Practitioner*______________________________________ Date________________________

*MD, DO, ND, PA, NP, or RN under supervision of MD or DO

For office use only: ( ) Permanent Waiver ( ) Temporary Waiver: expiration date________