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. Pursuant to state law, OSU provides exemptions from this immunization requirement. Both medical and non-medical exemptions are available.

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 medical exemption from the Meningococcal B Requirements due to one of the following:
  1) Pregnancy
  2) Presently breastfeeding
  3) One of the following allergic reactions to the vaccine:
     a) Rash or hives
     b) Swelling of throat or tongue
     c) Difficulty breathing
     d) Swelling of face or hands or feet

* If you feel you have a condition that warrants a medical exemption, and it is not listed above, please call the Men B nurse line at 541-737-7570 for further advice.
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Cont.

☐ If the basis for my medical exemption is a temporary condition such as pregnancy or breastfeeding, I agree that I will get the MenB vaccination as soon as this temporary medical condition is no longer a basis for an exemption.

☐ 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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The above-named student should be exempted from the MenB vaccination requirement for the reasons described above.

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 ________