



MENINGOCOCCAL VACCINE REQUIREMENT

Student Name _____

SS# _____

WAIVER

Individuals 18 years of age or older may sign a written waiver choosing not to be vaccinated against meningococcal disease. For individuals under 18 years of age, the parent or guardian of the individual must review the information on the risks of meningococcal disease and sign a written waiver that he/she has chosen not to have the individual vaccinated against meningococcal disease.

For individuals 18 years of age or older:

I am 18 years of age old or older. I have received and reviewed the information provided on the risk of meningococcal disease and the effectiveness and availability of meningococcal vaccine. I understand that meningococcal disease is a rare but life threatening illness. I understand that an individual enrolled in an institution of higher education shall receive vaccination against meningococcal disease unless the individual signs a waiver to the vaccination.

I choose to waive receipt of meningococcal vaccine.

Signature of Individual

Date

For individuals under the age of 18:

I have received and reviewed the information provided on the risk of meningococcal disease and the effectiveness and availability of meningococcal vaccine. I understand that meningococcal disease is a rare but life threatening illness. I understand that an individual enrolled in an institution of higher education shall receive vaccination against meningococcal disease unless the individual signs a waiver to the vaccination.

I choose to waive receipt of meningococcal vaccine for my child _____
(Name of child)

Signature of Parent/Guardian

Date

TO BE COMPLETED BY PHYSICIAN:

Meningococcal vaccine was administered to _____ on _____
Student name date

Health care provided signature

printed name

Address

Agency name

phone number