MENINGOCOCCAL VACCINE REQUIREMENT

I have received the meningococcal vaccine as required by Maryland law for students living on-campus. **DOCUMENTATION FROM A PHYSICIAN OR HEALTH CLINIC IS ATTACHED**.

Print Name_____

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Signature of individual 18 years of age or older Date

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Signature of parent or guardian of individual under 18 Date

Waiver of Vaccination

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

Individual 18 years of age or older:

I have received the information provided on the risk of meningococcal disease and the effectiveness and availability of the vaccine. I understand that meningococcal disease is a rare, but life threatening illness. I understand Maryland law requires meningococcal vaccination for students living on-campus unless I sign a waiver to the vaccination.

By signing below, I am indicating that I choose to waive receipt of meningococcal vaccination.

Print name_____

_____

Signature of individual Date

Individual under the age of 18:

I have received information on the risks of meningococcal disease and the effectiveness and availability of the vaccine. I understand that meningococcal disease is a rare, but life threatening illness. I understand Maryland law requires meningococcal vaccination for students living on-campus unless I sign a waiver to the vaccination.

I choose to waive receipt of meningococcal vaccine for my child.

Print name of child_____

Signature of parent or guardian Date