

HEALTH SERVICES

Meningitis Immunization Form

Phone: 301-891-4525 Fax: 301-891-4155

Effective June 1, 2000, Maryland law requires that every individual enrolled in college and residing in on-campus housing be vaccinated against meningococcal disease. A student may be exempt from this vaccination requirement if he or she meets the following condition:

• the student (or guardian for those under 18), after having been advised of the risks of the disease, and the availability and effectiveness of the vaccine, signs a written waiver stating that he or she has received and reviewed the information and has chosen not to be vaccinated against the disease.

Students must sign verifying either the receipt of the vaccine or the waiver.

Student has received the vaccine

Printed Name

I have received the meningococcal vaccine as required by Maryland law for individuals residing in on-campus student housing at Washington Adventist University. Documentation from a physician or health clinic of receipt of vaccine is attached.

Signature	Date
Signature of Guardian	
For individuals under 18, the parent or guardian of th	n waiver choosing not to be vaccinated against meningococcal disease. e individual must review the information on the risks of meningococcal sen not to have the individual vaccinated against meningococcal disease.
disease and the effectiveness and availability of is a rare but life threatening illness. I understand lege in Maryland who resides in on-campus	d reviewed the information provided on the risk of meningococcal meningococcal vaccine. I understand that meningococcal disease I that Maryland law requires that an individual enrolled in a colhousing shall receive vaccination against meningococcal disvaccination. I choose to waive receipt of meningococcal vaccine.
	Date
and availability of meningococcal vaccine. I underst	ded on the risk of meningococcal disease and the effectiveness and that Maryland law requires that an individual enrolled in using shall receive vaccination against meningococcal disease unless
Student's Name	
Printed Name of parent/guardian	Date
Signature of parent/guardian	DateSummer, 2013