



WASHINGTON
ADVENTIST UNIVERSITY

HEALTH SERVICES

Phone: 301-891-4525

Fax: 301-891-4155

Meningitis Immunization Form

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

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.

Printed Name _____

Signature _____ Date _____

Signature of Guardian _____ Date _____

Student has not received the vaccine

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

For students 18 years of age or older: I am 18 years of age 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 Maryland law requires that an individual enrolled in a college in Maryland who resides in on-campus housing shall receive vaccination against meningococcal disease unless the individual signs a waiver to the vaccination. I choose to waive receipt of meningococcal vaccine.

Printed Name _____

Signature _____ Date _____

For parent/guardian of students under 18 years of age:

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 Maryland law requires that an individual enrolled in a college in Maryland who resides in on-campus housing shall receive vaccination against meningococcal disease unless a waiver to the vaccination is signed. I choose to waive receipt of meningococcal vaccine for my child.

Student's Name _____

Printed Name of parent/guardians _____ Date _____

Signature of parent/guardian _____ Date _____

Fall, 2023

Return completed form to Health Services, Washington Adventist University • 7600 Flower Avenue, Takoma Park, MD 20912