

# **MENINGOCOCCAL VACCINATION REQUIREMENT**

## **REQUIREMENT for STUDENT LIVING IN UNIVERSITY HOUSING OR APARTMENT**

FILL OUT SECTIONS 1 AND 2 **OR** SECTIONS 1 AND 3

### **SECTION 1**

STUDENT NAME \_\_\_\_\_

STUDENT ID \_\_\_\_\_

**BACTERIAL MENINGITIS IS A RARE BUT LIFE THREATENING ILLNESS THAT PROGRESSES WITHIN HOURS AND IF NOT FATAL CAN CAUSE PERMANENT PHYSICAL OR INTELLECTUAL IMPAIRMENT, LOSS OF LIMBS, HEARING OR VISION LOSS, SEIZURES**

FOR INFO ABOUT MENINGITIS GO TO: [WWW.CDC.GOV](http://WWW.CDC.GOV) OR [HTTP://WWW.MARYVILLE.EDU/CAMPUSLIFE/HEALTH/HEALTH\\_FORMS.HTM](http://WWW.MARYVILLE.EDU/CAMPUSLIFE/HEALTH/HEALTH_FORMS.HTM)

### **SECTION 2**

VACCINE DOCUMENTATION: to be completed by a health care provider: (Documentation from a physician/nurse/clinic showing receipt of vaccine or copy of immunization record is acceptable)

The above named student received meningococcal vaccine on \_\_\_\_\_

Health Care Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Signature of provider \_\_\_\_\_ Date \_\_\_\_\_

### **SECTION 3 TO DECLINE AND TO INFORM PARENT OF DECISION TO DECLINE**

#### **VACCINE WAIVER**

**To be completed by the individual (or parent/guardian\* for individuals less than 18 years of age) requesting an exemption from the requirement.**

#### **SECTION 3A: For individuals 18 years of age or older:**

I am 18 years of age or older. I have received and read the information in the brochure provided by Maryville University explaining the risks of meningococcal disease and am aware of the degree of effectiveness and availability of the vaccine. I am aware that meningococcal disease is a rare, but life- threatening illness. I understand that Maryville policy requires that freshmen residing in on-campus housing for the first time be vaccinated against meningococcal disease. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Maryville University, its officers, employees and agents from any and all costs, liabilities, expenses, claims or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningococcal disease.

NAME OF STUDENT \_\_\_\_\_ SIGNATURE OF STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

**PARENTAL/Guardian ACKNOWLEDGMENT:** I have received and read the information in the brochure provided by Maryville University and am aware of the decision of the above-named student regarding vaccination against meningococcal disease.

NAME OF PARENT/GUARDIAN \_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

**Must be signed by parent or guardian for individuals under 18 years of age\***

I am the parent/guardian of \_\_\_\_\_ I have received and read the information in the brochure from the University about meningococcal disease and am aware of the degree of effectiveness and availability of the vaccine. I acknowledge that the disease is rare but life threatening. I understand that policy requires that freshmen residing in on-campus housing for the first time be vaccinated against meningococcal disease. I voluntarily agree to release, discharge, indemnify and hold harmless Maryville University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to have the above-named individual immunized against meningitis.

NAME OF PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_