

COMPLETE AND SUBMIT THIS PAGE

MENINGOCOCCAL VACCINE REQUIREMENT

PLEASE INDICATE YOUR CHOICE OF EITHER
OPTION A (VACCINE) OR OPTION B (WAIVER)
AND COMPLETE FORM BELOW

OPTION A (VACCINE)

I have received the meningococcal vaccine as required by Maryland law for individuals residing in on-campus student housing at an Institution of higher education. **DOCUMENTATION FROM A PHYSICIAN OR HEALTH CLINIC OF RECEIPT OF VACCINE IS ATTACHED (COPIES OF IMMUNIZATION RECORDS ARE ACCEPTABLE).**

OR

OPTION B (WAIVER)

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 an institution of higher education in Maryland who resides in on-campus student 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 of Individual

X _____
Signature of Individual 18 years or older

Date

X _____
Signature of Guardian of Individual (if student is under 18 years of age)

Date