



Meningococcal Vaccine Waiver

Student Name: _____

University ID: _____

Date of Birth: ____/____/____

I have reviewed the information (https://www.immunize.org/vis/meningococcal_acwy.pdf) about the risks of meningococcal disease, the availability of an effective vaccine, and the benefits of immunization. I hereby attest that I chose not to be vaccinated against meningococcal disease at this time.

Signature of Student:

Date:

Signature of Parent/Guardian:
(*ONLY if student is under 18 years of age*):

Date:
