



UNIVERSITY  
of VIRGINIA

Department of Student Health  
& Wellness

**Meningococcal Vaccine Waiver**

Student Name: \_\_\_\_\_

University ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Review vaccine information before signing: [http://www.immunize.org/vis/meningococcal\\_mcv\\_mpsv.pdf](http://www.immunize.org/vis/meningococcal_mcv_mpsv.pdf)

I have read and reviewed information on the risk associated with meningococcal disease, availability and effectiveness of any vaccine against meningococcal disease and I choose not to be vaccinated against meningococcal disease.

\_\_\_\_\_  
Signature of Student or Parent/Legal Guardian

\_\_\_\_\_  
Date