



MENINGOCOCCAL WAIVER

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

For individuals 18 years of age or older:

I am 18 years of age old 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 an institution of higher education in Maryland who resides in on-campus student housing shall receive vaccination against meningococcal disease per Center for Disease Control (CDC) recommended vaccination schedule unless the individual signs a waiver to the vaccination. I understand that as a Stevenson University student, I am not permitted to live on campus in the event of a confirmed case of meningitis in the Residence Halls. I understand that it will be my own responsibility to find temporary housing should this instance arise.

I choose to waive receipt of meningococcal vaccine.

Signature of Individual

SU ID

Date

Print Student Name

SU email address

For individuals under the age of 18:

I have received and reviewed the information provided on the risks 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 per Center for Disease Control (CDC) recommended vaccination schedule unless a waiver to the vaccination is signed. As a parent/guardian of a Stevenson University student I understand that he/she is not permitted to live on campus in the event of a confirmed case of meningitis in the Residence Halls. I understand that it will be my own responsibility to find temporary housing for my child should this instance arise. Once my child reaches age 18, I understand he/she will be asked to sign this waiver on their own.

I choose to waive receipt of meningococcal vaccine for my child, _____
(Name of child)

Signature of Individual

Date

Witness (Healthcare Provider):

Signature

Date



STEVENSON
WELLNESS CENTER
PHYSICAL • PERSONAL • SOCIAL • INTELLECTUAL • SPIRITUAL

Name (Printed)

Position