

This is a sample form to begin the process of enforcing the meningococcal vaccine requirement. Each institution of higher education must use a waiver form approved by its counsel. The Maryland Department of Health and Mental Hygiene accepts no responsibility for deficiencies in this form.

MENINGOCOCCAL VACCINE REQUIREMENT

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.

Name of Individual

Signature of Individual 18 years or older

Date_____

Signature of Parent/Guardian of Individual under 18 years of age

Date_____

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 unless the individual signs a waiver to the vaccination.

I choose to waive receipt of meningococcal vaccine.

Signature of Individual

Date_____

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 unless a waiver to the vaccination is signed.

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

Signature of Parent/Guardian

Date_____