Meningococcal Vaccination Waiver Form
Missouri University of Science and Technology

To make an informed decision about receiving the vaccine it is important to read the information provided at the following websites: Centers for Disease Control (CDC) www.cdc.gov/nip/publications/VIS/vis-mening.pdf and American College Health Association (ACHA) http://www.acha.org/projects_programs/meningitis/index.cfm. If you do not have web access you may contact Student Health Services for information. Please return completed form to the address below.

Student Information:

Name: _____ Student # _____ DOB: _____
Last First M

A. To be completed by student 18 years of age or older.

I am 18 years of age or older. Missouri University of Science and Technology has provided me information explaining the risks of meningococcal disease and I am aware of the effectiveness and availability of the vaccine. I understand the Missouri Law SB 0686 requires "all students who reside in on-campus housing to sign a written waiver stating that the institution of higher education has provided the student, or if the student is a minor, the student's parents or guardian, with detailed written information on the risks associated with meningococcal disease and the availability and effectiveness of the meningococcal vaccine."

"I do not choose to get the meningococcal vaccine at this time."

Printed name of student: _____

Signature of Student: _____ Date: _____

B. For students under the age of 18

I am the parent or legal guardian of _____. Missouri University of Science and Technology has provided me information explaining the risks of meningococcal disease and I am aware of the effectiveness and the availability of the vaccine. I understand that Missouri SB 0686 requires "all students who reside in on-campus housing to sign a written waiver stating that the institution of higher education has provided the student, or if the student is a minor, the student's parents or guardian, with detailed written information on the risks associated with meningococcal disease and the availability and effectiveness of the meningococcal vaccine."

"I do not want _____ to get the meningococcal vaccine at this time."

Printed name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Return completed form to:
Missouri University of Science & Technology
Student Health Services
1200 N. Pine Street
1870 Miner Circle
Rolla, MO 65409
Phone: 573-341-4284 Fax: 573-341-6967
http://studenthealth.mst.edu/