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.

<table>
<thead>
<tr>
<th>Student Information:</th>
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<tbody>
<tr>
<td>Name: ___________________________  Student # ____________  DOB: __________</td>
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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/