

MENINGOCOCCAL DISEASE IMMUNIZATION WAIVER

Name _____ Date _____

On June 28 the General Assembly of Pennsylvania passed the College and University Student Vaccination Act. This legislation requires that starting August 28, 2002 all Pennsylvania colleges and universities shall prohibit students from living in a residence hall without proof that the student has received vaccination against meningococcal disease. In order to comply with this new legislation, University of Valley Forge must require that students present proof of meningococcal vaccination prior to being allowed to move into any campus residence hall. The Centers for Disease Control (CDC) recommends that a student who received a meningitis immunization before the age 16 receive a booster meningitis immunization. The CDC states, "Colleges who have requirements for vaccination of matriculating students should consider a vaccine received within 5 years before matriculation valid." If a student chooses not to be vaccinated for religious or other reasons, he or she (and the student's parent or guardian, if the student is under the age of 18) must sign the enclosed waived and return it to the Health Center prior to being allowed to move into a residence hall.

I certify that I (and my parent or guardian, if I am under the age of 18) have received and reviewed the Information on Risks Associated with Meningococcal Disease and Availability and Effectiveness of Meningitis Vaccine provided to me by University of Valley Forge. I am voluntarily, knowingly and intentionally refusing this immunization for religious or other reasons.

If there is an outbreak, students that do not have the Meningitis vaccine may be asked to leave campus. They will only be allowed back after the containment period designated by the CDC. There is no tuition reimbursement if they are required to be away from classes such that they cannot complete the course requirements.

By signing below, I/we certify that I/we have read and understand both this document and the detailed information provided by University of Valley Forge regarding meningococcal disease and meningitis vaccine. I/we release University of Valley Forge, its trustees, employees, agents and physicians from and against any present or future claim, loss or liability for injury to person or property which I may suffer or for or for which I may be liable to any other person as a result of my refusal to receive this immunization. I/we agree to be legally bound by this document in accordance with the laws of the Commonwealth of Pennsylvania.

Signed: _____
(Student)

Signed: _____
(Parent or Guardian if student is under 18)