

OPTIONS FOR MENINGITIS COMPLIANCE FOR A MINOR

STUDENTS WHO WILL BE LIVING ON CAMPUS MUST COMPLETE
THIS FORM PRIOR TO MOVE-IN DAY (610-683-4635 FAX)

The College and University Student Vaccination Act, 35P.S. § 633.1 *et seq.*, states that "an institution of higher education shall prohibit a student from residing in a dormitory or housing unit unless the student has received a one-time vaccination against meningococcal disease." 35 P.S. § 633.3 A student is exempt if he/she signs a written waiver stating that the University has provided detailed information on the risks associated with meningococcal disease, the availability and effectiveness of any vaccine and, at this time, the student has chosen not to be vaccinated.

To comply with the state law, *all students residing in campus housing at Kutztown University will be required to select Option 1 and enter a meningococcal vaccine date or Select Option 2 and have a parent or guardian sign the waiver below.*

Before you make your decision, please be sure to visit the Centers for Disease Control and Prevention (CDC) website at <http://cdc.gov/meningitis/high-risk/college.html> to review the facts concerning this serious disease, the preventive measures that are available to reduce your risks, and information regarding the vaccine. If you choose not to be vaccinated, you must certify that you reviewed the information at the CDC website provided by Kutztown University and choose option 2 – waiver option, not to be vaccinated at this time.

OPTION 1 – VACCINE INFORMATION

I have had the vaccine. Date of Vaccination _____

OPTION 2 – WAIVER OPTION

I have received and reviewed the information provided by Kutztown University through the link to the CDC website regarding the meningococcal disease. I am fully aware of the risks associated with the meningococcal disease and the availability and effectiveness of the vaccination against the disease. At this time, I knowingly have decided that the student named below will not to receive the vaccination. IF THE VACCINE IS OBTAINED IN THE FUTURE, PROOF MAY BE SUBMITTED TO REPLACE THE WAIVER.

PRINT STUDENT'S NAME

UNIVERSITY ID NUMBER

SIGNATURE OF PARENT/GUARDIAN

DATE