

MENINGITIS WAIVER FOR A MINOR

*******STUDENTS UNDER 18 YEARS OLD ONLY*******

MINORS ONLY – IF YOU HAVE NOT RECEIVED A MENINGITIS VACCINE THAT COVERS MENINGOCOCCAL A,C,Y, AND W-135 (KNOWN AS MENVEO OR MENACTRA) WHEN YOU WERE 16 YEARS OF AGE OR OLDER YOU MUST HAVE A PARENT OR GUARDIAN REVIEW, COMPLETE AND SUBMIT THIS FORM.

MINORS WHO HAVE RECEIVED THIS VACCINE MUST ENTER THE VACCINE DATE ON THE *ONLINE FORM* OPTIONS FOR MENINGITIS COMPLIANCE

The Pennsylvania College and University Student Vaccination Act, signed into law in June 2002, requires students living in campus housing in the state of Pennsylvania to be immunized against meningococcal disease.

Exception: Students are permitted to live in campus housing without being vaccinated for religious or other reasons after a parent or guardian reviews the information provided below and submits a completed waiver.

In accordance with this act Kutztown University has implemented the follow requirement:

All students who will be living in campus housing are required to submit the date they received a meningitis vaccine that covers meningococcal A,C,Y, and W-135 or submit a waiver.

NOTE: Student must be 16 years or older when they received the vaccine.

Before making the decision to waive, please be sure to visit the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/meningitis/index.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 the waiver option, not to be vaccinated at this time.

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 receive the vaccination.

THIS FORM WILL NOT BE VALID IF THE STUDENT IS 18 YEARS OR OLDER AT THE TIME IT IS COMPLETED

PRINT STUDENT'S NAME

DATE OF BIRTH OR KU ID NUMBER

SIGNATURE OF PARENT/GUARDIAN

DATE

FAX THIS COMPLETED FORM TO 610-683-4635 OR
MAIL TO HEALTH AND WELLNESS CENTER, PO BOX 730, KUTZTOWN, PA 19530