

# **MENINGITIS WAIVER FOR A MINOR**

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

**MINORS ONLY – IF YOU HAVE DECIDED TO NOT RECEIVE A MENINGITIS VACCINE [Meningococcal ACWY also known as Menveo, Menactra (MCV4) or Menomune] AT THIS TIME YOU MUST HAVE A PARENT OR GUARDIAN COMPLETE AND SUBMIT THIS FORM.**

**MINORS THAT HAVE RECEIVED A MENINGITIS VACCINE MUST ENTER THE VACCINE DATE ON THE OPTIONS FOR MENINGITIS COMPLIANCE FORM ONLINE.**

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 complete a meningitis form.*

Before you make your decision, 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.

**THE CENTER FOR DISEASE CONTROL RECOMMENDS AND KUTZTOWN UNIVERSITY STRONGLY ADVISES THAT ALL STUDENTS LIVING ON CAMPUS RECEIVE THEIR FIRST VACCINE OR A BOOSTER AT OR AFTER AGE 16**

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