

Options for Meningitis Compliance

(Students need to complete this form to move on campus)

*Fax this completed form on or before 1/17/2023 to Kutztown University's Health & Wellness Services at 610-683-4635 to avoid **HUGE** delays during your move onto KU campus at check in.*

Items marked with ** are required information per Meningitis Option that applies to each student.

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 if they submit a waiver.

In accordance with this act Kutztown University has implemented the following requirements: All students who will be living in campus housing are required to submit the date they received a meningitis vaccine that covers meningococcal ACWY or submit a waiver. NOTE: Student must be 16 years or older when they received the vaccine. This vaccine is known as Menveo or Menactra.



OPTION 1 VACCINE INFORMATION - I am 16 years or older & have had the Meningococcal ACWY vaccine.

****Enter Date of Meningococcal ACWY vaccine (known as Menveo, Menactra, or MenQuadfi) received at age 16 or older.**

**

PRINT STUDENT'S NAME

**

DATE OF BIRTH OR KU ID NUMBER

**

CELL PHONE NUMBER

**

STUDENT'S SIGNATURE

**

DATE

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 through the link above and choose Option 2 - Waiver Option, not to be vaccinated at this time.



OPTION 2 for students 18 years or older Meningitis Waiver Option - I have received and reviewed the information provided by Kutztown University through the link to the CDC website regarding the meningococcal disease. At this time, I knowingly have decided not to receive the vaccination.

**

PRINT STUDENT'S NAME

**

DATE OF BIRTH OR KU ID NUMBER

**

CELL PHONE NUMBER

**

STUDENT'S SIGNATURE

**

DATE

MINORS must have a parent or guardian complete and sign the Meningitis Minor Waiver Option 2 as described below;
For more information concerning the Meningitis Waiver Options call 610-683-4082 opt. 2 for assistance.



OPTION 2 Meningitis **MINOR WAIVER OPTION** - I AM NOT 18 YEARS OR OLDER. My Parent or Guardian and I have received and reviewed the information provided by Kutztown University through the link to the CDC website regarding the meningococcal disease. At this time, we knowingly have decided not to receive the vaccination.

**

Print Student's Name

**

Date of Birth or KU ID Number

**

Student's Cell Phone Number

**

Student's Parent or Guardian's Signature

**

DATE

**

Print STUDENT'S PARENT or GUARDIAN'S Name