West Chester University of Pennsylvania

MENINGOCOCCAL DISEASE VACCINATION & WAIVER FORM

Name_________________________________________ Date__________
(Please print)

WCU ID ____________________________

Please check the appropriate box (check only one):

☐ I received the meningitis vaccination.

OR

☐ I have received and reviewed the information provided by West Chester University of Pennsylvania regarding meningococcal disease. I am fully aware of the risks associated with meningococcal disease and the availability and effectiveness of the vaccination against the disease. I knowingly decided not to receive a vaccination against meningococcal disease for religious or other reasons (please list):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Signature of Student (if 18 or older) or Parent/Guardian (if under 18):

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NOTE: Students under the age of 18 must secure the signature of their parent or guardian if they did not receive a vaccination against the meningococcal disease and plan to reside in University owned housing.

Return this form to the address below:

Office of Residence Life and Housing Services
202 Lawrence Center
West Chester University
West Chester, PA 19383

DO NOT RETURN THIS FORM TO THE STUDENT HEALTH CENTER.