



## Health Services

# Meningococcal Vaccine Waiver

I have read the CDC.gov recommendations (<https://www.cdc.gov/meningitis/>), understand the risks of meningococcal disease, and am declining to receive the meningococcal vaccine.

Signing this form serves as an acknowledgement of declining the meningococcal vaccination.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

\* Parent/Legal guardian signature

\_\_\_\_\_

Date

\* required if student declining vaccination is under the age of 18.