Health Services

Meningococcal Vaccine Waiver

I have read the CDC.gov recommendations ([https://www.cdc.gov/meningitis/](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.