MENINGOCOCCAL VACCINATION REQUIREMENT
REQUIREMENT MUST BE MET BEFORE THE START OF SCHOOL

FILL OUT SECTIONS 1 AND 2 OR SECTIONS 1 AND 3

SECTION 1

STUDENT NAME_______________________________   BANNER ID_________________

SECTION 2

To be completed by a health care provider: (Documentation from a physician showing receipt of vaccine or copy of immunization record is also acceptable).

The above named student received meningococcal vaccine on __________________________

Health Care Provider Name____________________________ Phone ____________________

Address______________________________________________________________________

Street      City  State  Zip

Signature of provider ___________________________________________________________

SECTION 3

VACCINE WAIVER: to be completed by the individual (or parent/ guardian for individuals less than 18 years of age) requesting an exemption from the requirement.

SECTION 3: For individuals 18 years of age or older:

I am 18 years of age or older.  I have received and read the information in the brochure provided by Saint Louis University explaining the risks of meningococcal disease and am aware of the effectiveness and availability of the vaccine at the Student Health Center.  I am aware that meningococcal disease is a rare, but life-threatening illness.  I understand that Saint Louis University policy requires that freshmen residing in on-campus housing for the first time be vaccinated against meningococcal disease.  With this waiver, I seek exemption from this requirement.  I voluntarily agree to release, discharge, indemnify and hold harmless Saint Louis University, its officers, employees and agents from any and all costs, liabilities, expenses, claims of causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningococcal disease.

NAME OF STUDENT_____________________________           DATE _____________________

SIGNATURE OF STUDENT__________________________________

PARENTAL ACKNOWLEDGMENT I have received and read the information in the brochure [provided by Saint Louis University and am aware of the decision of the above-named student regarding vaccination against meningococcal disease.

Name of Parent/ Guardian__________________________________           DATE _____________________

Signature of Parent/ Guardian__________________________________