

MILLERSVILLE UNIVERSITY
MENINGOCOCCAL DISEASE VACCINATION WAIVER FORM

I, _____, received and reviewed the information provided by
(Print Your Name)

Millersville University regarding meningococcal disease. I am fully aware of the risks associated with meningococcal disease and of the availability and effectiveness of the vaccinations against the disease. I knowingly decided not to receive a vaccination against meningococcal disease for religious or other reasons (please list the reasons below):

Signature of Student/Parent/Guardian *

Date

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