

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):

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.